For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

DLN: 93493132043711 OMB No. 1545-0047

Department of the

Form **990**

2019

Cat. No. 11282Y

Form 990 (2019)

nterna	l Rever	nue Service							
A F	or the	e 2019 ca	alendar year, or tax year begin	ning 07-01-2019 , and end	ling 06-3	0-2020			
		pplicable:	C Name of organization University of Chicago				D Employer	identifi	ication number
	dress o me cha	change					36-21771	39	
	tial ret	-	Doing business as				-		
☐ Fina	al return	n/terminated					E Telephone	numbor	
		l return	Number and street (or P.O. box if ma 6054 S Drexel Avenue	ail is not delivered to street address) Room/su	ite			
⊔ Ар	plicatio	on pending	City or town, state or province, coun	try and ZID or foreign poetal code			(773) 834	-5819	
			Chicago, IL 60637	try, and 21P or foreign postar code			6.6	+ F	004 316 005
			F Name and address of principa	l officer:		H/-> * ···	G Gross recei		
			ROBERT J ZIMMER	officer.			is a group retui	n for	□Yes ☑ No
			5801 S ELLIS AVENUE Chicago, IL 60637				rdinates? all subordinates		
[Tax	x-exen	npt status:			П	inclu	ded?		Yes No
1 147	- : 4	\4/\4	☑ 501(c)(3) ☐ 501(c)() ◄ (insert no.) 🔲 494/(a)(1) or	LJ 52/		o," attach a list p exemption n	•	•
, vv.	ebsit	e:► www	/W.UCHICAGO.EDU			11(0) 6100	p exemption in	annoei	
€ Form	n of or	ganization:	Corporation Trust Asso	ciation Other ►		L Year of form	nation: 1890	1 State	of legal domicile: IL
Pa	art I	Sumi							
			scribe the organization's mission or ION OF THE UNIVERSITY OF CHIC.		T THE HIG	HEST LEVEL	OF EXCELLENC	E, THE	COMMUNICATION
ဗ	<u> </u>	OF KNOWL	LEDGE, THE CREATION OF KNOWL	EDGE AND THE FOSTERING O	F A DYNAI	MIC COMMUN	ITY OF SCHOLA	RS AN	D STUDENTS.
Ē									
en.	-								
9			s box $ ightharpoonup$ if the organization dis					ets.	1
<u>.</u>			of voting members of the governin	- , , , ,				3	46
Seg.			of independent voting members of		,		•	4	39
Activities & Governance			nber of individuals employed in cal	, , ,	2a)		•	5	26,771
AC			nber of volunteers (estimate if nec elated business revenue from Part	, ,			•	6 7a	9,806
	l		ated business taxable income from	, , , ,			•	7a 7b	-16,168,042 69,630
	6	ivet uniter	ated business taxable income from	11 totili 990-1, iiile 39	· · ·		ior Year	76	Current Year
_	8	Contribut	ions and grants (Part VIII, line 1h)			<u> </u>	2,445,344,20	5	1,727,925,591
Rəvenue			service revenue (Part VIII, line 2g)				1,597,016,83		1,660,417,298
ōΛċ	10	Investme	ent income (Part VIII, column (A), li	nes 3, 4, and 7d)			383,711,06	3	249,803,819
<u>.</u>	11	Other rev	venue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)			64,505,74	8	66,997,699
	12	Total reve	enue—add lines 8 through 11 (mu	st equal Part VIII, column (A), I	ine 12)		4,490,577,85	0	3,705,144,407
	l		nd similar amounts paid (Part IX, c	, ,,			505,840,72	3	572,212,478
	l		paid to or for members (Part IX, co						C
8		-	other compensation, employee be	* * * * * * * * * * * * * * * * * * * *	,		2,068,966,42		2,199,010,279
Expenses			nal fundraising fees (Part IX, colun	, ,,			713,25	5	567,898
ੜੇ	l		raising expenses (Part IX, column (D), I					_	
		·	penses (Part IX, column (A), lines :	·			1,244,095,21	+	1,330,118,863
			enses. Add lines 13-17 (must equ				3,819,615,62 670,962,22	+	4,101,909,518 -396,765,111
ي	19	Revenue	less expenses. Subtract line 18 fro	minime 12	• •	Reginning	of Current Yea		End of Year
Net Assets or Fund Balances							,		
SS Bak	20	Total asse	ets (Part X, line 16)				12,698,965,59	0	12,940,284,083
2 E	21	Total liab	ilities (Part X, line 26)				5,035,117,79	3	5,716,313,125
Zű	22		s or fund balances. Subtract line 2	1 from line 20	•		7,663,847,79	7	7,223,970,958
	rt II		ature Block				J -k-kk-		
naer (nowl	r pena ledge	and belie	erjury, I declare that I have exami f, it is true, correct, and complete.	Declaration of preparer (other	mpanying r than offi	schedules an cer) is based	on all informati	and to on of v	the pest of my which preparer has
	nowle		•						
		*****	*			20	21-05-12		
Sign		Signatu	ure of officer			Da	te		
Here		BRETT	PADGETT ASSOCIATE VICE PRESIDENT	FINANCE					
			r print name and title						
		P	rint/Type preparer's name	Preparer's signature		oate Ch	eck 🔲 if PTI	N	
Paid		ļ_	irmle name				f-employed		
	pare	;ı	irm's name 🕨			Fir	m's EIN ►		
Jse	On	ly 🕞	irm's address ▶			Ph	one no.		
- اay t	he IR:	S discuss	this return with the preparer show	n above? (see instructions)					′es 🗌 No

Form	990 (20	019)					F	Page 2
Pa	rt III	Statement	of Program Se	rvice Accomplis	hments			
		Check if Sche	dule O contains a	response or note to a	any line in this Part III			✓
1	Briefly	describe the	organization's miss	ion:				
						ST LEVEL OF EXCELLENCE, T MMUNITY OF SCHOLARS ANI		
2		-	, ,		3 ,	hich were not listed on		
							. Yes V N	0
_		•	ese new services o					
3				or make significant	changes in how it cond	ucts, any program		
		es?					. □Yes ☑	No
		•	ese changes on Scl					
4	Section	n 501(c)(3) ar	nd 501(c)(4) organ		to report the amount	largest program services, a of grants and allocations to c		
4a	(Code:) (Expenses \$	1,453,579,261	including grants of \$	0) (Revenue \$	1,044,372,174)	
	See Ad	ditional Data						
4b	(Code:) (Expenses \$	861,696,195	including grants of \$	49,782,097) (Revenue \$	493,442,572)	
	See Ad	ditional Data						
4c	(Code:) (Expenses \$	514,784,850	including grants of \$	514,784,850) (Revenue \$	0)	
	See Ad	ditional Data						
	(Code:) (Expenses \$	617,431,338	including grants of \$	7,645,531) (Revenue \$	178,228,463)	
		er program serv on and Maintena		mission of instruction ar	nd research are: Auxiliary I	Enterprises Library Other Student	Services Information Services	
4d	Other	program servi	ces (Describe in So	thedule O.)				
	(Exper	nses \$	617,431,338	including grants of	\$ 7,645,	531) (Revenue \$	178,228,463)	
4e	Total	program ser	vice expenses >	3,447,491,6	44			

Is the organization described in section 502(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Sc		990 (2019)			Page 3
1 Is the coganization section 501(c)(3) or 4947(s)(1) (other thin a private foundation)? ************************************	Par	tiv Checklist of Required Schedules		Yes	No
2 Is the organization required to complete Schedule of Contributors (see instructions)? 2 In the organization mapper in direct or indirect poll scal campaign activities on behalf of or in opposition to candidates to Did the organization engage in determined the provides of the public office? If "Yes," complete Schedule C, Part I I and I is the organization engage in determined the organization engage in determined the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization as active 501(f) election in effect during the tax year? If yes, "complete Schedule C, Part II is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the electrobution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the electrobution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the electrobution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the electrobution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the electrobution or holds consensation assessment including assessments to pressive open space, the environment, historical transmission of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part V "Yes	1		1		
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Pes," complete Schedule C, Perl II". 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) or 501(c)(6), or 501(c)(6). The section is the receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9-8-179 II "Pes," complete Schedule C, Parl II. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts II "Pes," complete Schedule C, Parl II. 7 Did the organization creative or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or instore accutures? If "Pes," complete Schedule D, Parl II. 8 Did the organization and interest of a maintain collections of works of art, historical treasures, or other similar assets? If "Pes," and the environment, historical treasures, or instore accutates? If "Pes," complete Schedule D, Parl III. 9 Did the organization funds from the parl X, ine 21 for escrow or custodial account is larly, serve as a custodian for amounts not listed in Parl X, or provide credit connelling, debt management, credit repair, or debt negotiation services? If "Pes," complete Schedule D, Parl III. 10 Did the organization in server to any of the following questions is "Pes," then complete Schedule D, Parl X VIII. 11 If the organization is answer to any of the following questions is "Pes," then complete Schedule D, Parl X VIII. VIII, IX, cx X as applicable. 12 Did the organization is proport an amount for land, builcings, and equipment in Parl X, line 10 II "Pes," complete Schedule D, Parl X VIII. 12 Did the organization is proport an amount for land, builcings, and equipment in Parl X, line 11 that is 5% or more of its total assets reported in Parl X, line 16 II "Pes," complete Schedule D, Parl X	2	_ ·	2	Yes	
election in effect during the tax year? If "Yes," complete Schedule C, Part II S. Is the organization a section S01(c)(4), S01(c)(5) or S01(c)(6) organization that receives membership diese, assessments, or similar amounts as defined in Revenue Proceeding 90-19? If "Yes," complete Schedule C, Part II s. b) Id the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or inventment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II s. D) Id the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II s. D) Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II s. D) Did the organization report an amount in Part X, line 21 for escrew or custodial account liability; serve as a custodian for amounts not liated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation for amounts not liated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation for amounts not liated in Part X, in a part II s. If the organization report an amount for land, bulkings, and equipment in Part X, line 10 If "Yes," complete Schedule D, Part V II s. If the organization shares an amount for land, bulkings, and equipment in Part X, line 10 If "Yes," complete Schedule D, Part V II s. D) Did the organization organization amount for land, bulkings, and equipment in Part X, line 10 If "Yes," complete Schedule D, Part V II s. 11a Yes 11b Ves Did the organization organization amount for investments—program related in Part X, line 15 If "Yes," complete Schedule D, Part V II s. 11b Ves Did the organization report an amount for land, line 15 Int II s. Short ormore of its total assets reported in Part X, line 16 If "Yes," complete Schedule D, Part V II s. 11c Ves Did the organization		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	3		No
Bit the organization maintain amounts as defined in Revenue Procedure 98-197 if "yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III "Yes," complete Schedule D, Part IV "Yes," complete Schedule	4		4	Yes	
to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 7 No 8 Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, premanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 11 Did the organization report an amount for investments—organization assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11 Did the organization report an amount for investments—organization assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11 Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII. 11 Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII. 11 Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part XIIII. 12 Did the organization schedule organization assets or other assets in Part X, line 15 that is 5% or more of its total	5		5		
Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III and the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IVI per an account in the organization of a count of the organization of investments. The services? If "Yes," complete Schedule D, Part VI Part VI, VIII, VIII, IX or X as applicable. a Did the organization report an amount for investments—other securities in Part X, line 102 If "Yes," complete Schedule D, Part VI, VIII, VIII, IX or X as applicable. b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII c Did the organization report an amount for investments—other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII c Did the organization or an amount for other assets in Part X, line 252 If "Yes," complete Schedule D, Part X and X as as a security of the organization or some of the reasets in Part X, line 167 If "Yes," complete Schedule D, Part X and	6	to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			No
Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 9 No 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 9 Yes 11 If the organization report an amount for lowing questions is "Ves," then complete Schedule D, Part VI, VIII, IX, or X as applicable. 2 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Yes 2 Did the organization report an amount for investments—other securities in Part X, line 12 If the 15 If "Yes," complete Schedule D, Part VIII 11 Yes 2 Did the organization report an amount for other assets in Part X, line 12 If I'es," complete Schedule D, Part VIII 11 Yes 3 Did the organization report an amount for other assets in Part X, line 15 If "Yes," complete Schedule D, Part X 11 Yes 3 Did the organization report an amount for other isabilities in Part X, line 15 If "Yes," complete Schedule D, Part X 11 Yes 3 Did the organization report an amount for other isabilities in Part X, line 15 If "Yes," complete Schedule D, Part X 11 Yes 3 Did the organization sibility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11 Yes 3 Did the organization organization as should describe in section 170(b)(1)(A)(II)? If "Yes," complete Schedule D, Part X 11 Yes Yes 3 Did the organization as a characterial tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11 Yes Yes 3 Did the organization organization as should describe din section 170(b)(1)(A)(III)? If "Yes," complete Schedule D, Part X 11 Yes Yes Yes Yes Y	7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V V 12 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part V V V V V V V V V V V V V V V V V V V	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8	Yes	
permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 1. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 2. b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2. c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2. d Did the organization propt an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 2. Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 2. Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 2. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 3 and XII 2. Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 3 and XII 3. Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, investment, and program service activities outside the United States? Did the organization report and total of more than \$1,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule P, Parts II and IV 2. Did the organization report a total of more than \$1,000 of expenses for professional fundralsing services on Part IX, colu	9	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation	9		No
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. d Did the organization report an amount for other assists in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X and XII. Did the organization slability for uncertain tax positions under FIN 46 (ASC 740)? If "Yes," complete Schedule D, Part X and XII. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional of the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII is optional of the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII is optional of the organization and included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII is optional of the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II and IV. Did the organization maintain an office, employees, or agents outside the United States? 12b Ves 13 Sthe organization maintain an office, employees, or agents outside the United States, or aggregate foreign investments valued at \$100,000 to maintain a	10		10	Yes	
Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11. Did the organization report an amount for investments—program related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11. Did Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11. No Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11. No Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11. No Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11. No Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part XI 21. Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI 21. Did the organization as chool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 21. Did the organization as chool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 21. Did the organization as chool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 21. Did the organization as chool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 21. Did the organization as chool described in Schedule F, Parts II and IV		or X as applicable.			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 10. 11b Yes 11c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c No 11d Ves 11d Ves 11d No 11d Ves 11d No 11d Ves 11d Ve		Schedule D, Part VI. 🥦		Yes	
total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦		Yes	
in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d No Poid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Yes 11d Yes 12d Ye		total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 2 11f Yes 2 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2 12a Yes 2 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Yes 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Yes 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 14b Yes 14b Yes 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garents or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15c		in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 2 11f Yes 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2		· · · · · · · · · · · · · · · · · · ·	11e	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II and IV Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization report more than \$5,000 of grants or other assistance to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Yes 14a Did the organization maintain an office, employees, or agents outside of the United States?	12a		12a	Yes	
13 Yes 14a Did the organization and school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 18 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II see instructions) 19 Did the organization report more than \$15,000 of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Yes 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No 20a No 20a No 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Lid the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20c Lid the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 2. If "Yes," complete Schedule I, Parts I and II 21 Yes	b	Was the organization included in consolidated, independent audited financial statements for the tax year?	125	i i	
14a Pid the organization maintain an office, employees, or agents outside of the United States?	13			Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 15 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II (see instructions) 16 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 17 Pes 18 Yes 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 19 Ves	14a	Did the organization maintain an office, employees, or agents outside of the United States?	\vdash	_	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments			
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15	Yes	
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)		Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
lines 1c and 8a? If "Yes," complete Schedule G, Part II		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
complete Schedule G, Part III		lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	<u> </u>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		complete Schedule G, Part III	19		No
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20a	<u> </u>	No
government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	b 21	· · · · · · · · · · · · · · · · · · ·			-
	<u></u>	- I AM - I			2 (201

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 2	26	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	_
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part \vee			✓
	E		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24,655 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Yes	

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and						
20	Tax Statements, filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes				
b	$HK\ ,\ IN\ ,\ ID\ ,\ JA\ ,\ KS\ ,\ AS\ ,\ NL\ ,\ NO\ ,\ RP\ ,\ SN\ ,\ BG\ ,\ SP\ ,$ If "Yes," enter the name of the foreign country: \blacktriangleright SW , SZ , TH , BE , UK , BR , CH , DA , EG , FI , FR , GM						
5a	கிக்கு ith seron objection for the process of the service of the	5a		No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Yes				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	Yes				
16	If "Yes," complete Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No			

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lines 🗸
Se	ction A. Governing Body and Management		1	
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 46	\vdash	Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 39			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶ KY , MD , OK , WA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: BRETT PADGETT 6054 S DREXEL AVENUE CHICAGO, IL 60637 (773) 834-5819			
			orm 00	n (2019)

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization should be organization from the organization from t	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization and any related organizations for the order in which to list the persons above. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per below dotted line line average hours per below dotted line line line line average hours per below dot	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization of from the organization of from the organization of from the organization organi	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	relate	ated	
	See Additional Data Table												
													—
													—

Form 990 (2019)		. 17									/		Page 8
Part VII Section A. Officers, Dire	T .	s, Key	Emp			, and	High		-	1	(conti		
(A) Name and title	(B) Average hours per week (list any hours for related	than o	one b	ox, un of tor/t	t ch unle fice rust	 	son	Repo compe fron organ	ntable ensation on the ization /1099-	(E) Reportable compensatio from related organization (W-2/1099-	s	Estima Estima amount o compen from organizat	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		SC)	MISC)			
See Additional Data Table						<u> </u>					+		
											+		
											_		
						-					+		
											+		
											+		
1b Sub-Total						>				•			
d Total (add lines 1b and 1c)	•					•		25,7	52,749		0		3,539,321
2 Total number of individuals (includir of reportable compensation from the			e list	ed a	bov	e) who	rece	eived mor	e than \$	100,000			
3 Did the organization list any forme line 1a? If "Yes," complete Schedule	,		ee, k	•		, ,	or hi	-	npensate	ed employee on		Yes	No
4 For any individual listed on line 1a, organization and related organization individual	s the sum of rep ns greater than s	ortable 150,00	comp 0? <i>If</i>	ensa "Yes	atior	n and o	other te Sc	compens	for such		3	Yes	
5 Did any person listed on line 1a recesservices rendered to the organizatio									ion or in	dividual for	5	103	No
Section B. Independent Contrac													
Complete this table for your five hig from the organization. Report comp	ensation for the o									on's tax year.	mpens		
	(A) and business addr	ess								(B) scription of services		Comper	sation
FURNER CONSTRUCTION CO 55 E MONROE ST SUITE 1430									SERVICES	CTION & RELATED		40	,947,828
CHICAGO, IL 60603 BON APETIT MANAGEMENT CO									FOOD SER	VICES		22	,879,168
LOO HAMILTON AVENUE SUITE 400 PALO ALTO, CA 94301													
BULLEY & ANDREWS LLC CONSTRUCTION & RELATED 17,036, SERVICES 1755 W ARMITAGE AVENUE							,036,368						
CHICAGO, IL 60622 AMERICAN BUILDING MAINTAINANCE									ACULTY N	MAINTENANCE		13	,475,840
180 N LASALLE STREET CHICAGO, IL 60601													
MORTENSON CONSTRUCTION									CONSTRU	CTION & RELATED		7	,725,380
25 NORTHWEST POINT BLVD ELK GROVE VILLAGE, IL 60007						10.00							
2 Total number of independent contractor compensation from the organization		not lim	iited 1	to th	ose	listed	abov	/e) who re	eceived r	nore than \$100,0			
												Form QQ	n (2019)

orm 99 Part \		(2019) Statement	of Pevenue						Page 9
rait	VIII			a respo	onse or note to any	line in this Part VIII			🗆
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1a	Federated campa	aigns	1a			revenue		312 - 314
ons, Gifts, Grants Similar Amounts	Ŀ	Membership dues	s	1b					
	6	Fundraising even	nts	1c	2,074,655				
oms, iilar A	c	Related organiza	tions	1d	71,750,000				
<u> </u>	6	Government grants	(contributions)	1e	1,175,452,377				
Sin	f	All other contributio							
contributions, and Other Sirr		above Noncash contributio		1f	478,648,559				
10 B	5	lines 1a - 1f:\$		1 g	50,069,433				
and	ŀ	h Total. Add lines	1a-1f	•	•	1,727,925,591			
					Business Code	1 044 272 174	1 044 272 174		
	2a	Tuition and Fees			611310	1,044,372,174	1,044,372,174		
Veru	b	Sales & Services Edu			611310	493,442,572	493,442,572		
e Be	С	Sales & Services Aux			611710	86,047,759	86,047,759		
Program Service Revenue	d	Fees from Govt Agen	cies		900099	36,554,793	36,554,793		
ran									
Prog	е					0	0	0	(
	f	All other program	service revenu	e.		0		ŭ	
		Total. Add lines 2			1,660,417,298		1	T	ı
		investment income imilar amounts) .		dends, i	interest, and other	76,986,207	, 0	-21,694,906	98,681,113
	4 I	income from invest			ond proceeds	72,374	0	0	72,374
	5 F	Royalties			1	13,282,641	6,953,686	0	6,328,95
			(i) R	eal	(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental	6b			1			
		expenses Rental income	00			-			
		or (loss)	6с	(o			
	d	Net rental income							
	_		(i) Secu	ırities	(ii) Other	_			
		7a Gross amount from sales of assets other than inventory			D				
		Less: cost or other basis and sales expenses	7b 2,275	5,284,382	4,740,38	0			
	С	Gain or (loss)	7c 177	,485,618	-4,740,38	0			
	d	Net gain or (loss)				172,745,238	3		172,745,238
Other Revenue	8a Gross income from fundraising events (not including \$ 2,074,655 of contributions reported on line 1c). See Part IV, line 18			256 620					
Re		Less: direct expen		8a 8b	256,629 740,660	_			
ē		Net income or (los			· · · · · · · · · · · · · · · · · · ·				-484,03
						1			
9		Gross income from See Part IV, line 19		s. 9a					
		Less: direct expen		9b		-			
		Net income or (los			ies \blacktriangleright	_			
:	L0a	Gross sales of inve							
		returns and allowa		10a		_			
		Less: cost of good		10b		36,408,650	36,408,650		
}	С	Net income or (los Miscellaneo	ss) from sales o us Revenue	ır ınvent	Business Code	11,100,000	1 22, 33,536		
	11:	^a Conferences and	Catering		72232	4,350,939	0	4,350,939	(
	b	Actuarial Adjustm	ent		90009	9 3,367,210	3,367,210	0	(
	C	Press			51113	0 1,175,925	0	1,175,925	(
	d	All other revenue				8,896,365	8,896,365	0	
		Total. Add lines 1			•				
	12	Total revenue. S	ee instructions			17,790,439			
					· · · ·	3,705,144,407	1,716,043,209	-16,168,042	277,343,649 Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c		_		mn (A).
Check if Schedule O contains a response or note to ar	ny line in this Part IX			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	47,855,579	47,855,579		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	506,508,918	506,508,918		_
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	17,847,981	17,847,981		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	17,997,628		17,221,465	776,163
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,746,738,510	1,422,125,133	284,784,819	39,828,558
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	118,357,721	91,830,859	23,856,926	2,669,936
9 Other employee benefits	212,404,430	166,477,443	40,962,118	4,964,869
10 Payroll taxes	103,511,990	80,377,304	20,792,938	2,341,748
11 Fees for services (non-employees):				
a Management	39,238,262	32,142,798	5,719,313	1,376,151
b Legal	14,961,007	57,932	14,903,075	
c Accounting	2,870,692	8,614	2,862,078	
d Lobbying	62,723		62,723	
e Professional fundraising services. See Part IV, line 17	567,898			567,898
f Investment management fees	9,051,900	9,051,900		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	158,278,421	118,158,374	40,120,047	0
12 Advertising and promotion	8,875,242	8,819,337	55,905	-
13 Office expenses	196,822,871	137,667,440	54,410,772	4,744,659
14 Information technology	57,413,440	33,988,682	22,437,587	987,171
15 Royalties	6,180,428	6,079,320	101,108	
16 Occupancy	96,449,355	83,443,013	11,441,099	1,565,243
17 Travel	46,997,064	38,156,601	7,732,961	1,107,502
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	36,899,227	29,185,742	6,713,974	999,511
20 Interest	156,825,378	156,825,378		_
21 Payments to affiliates	7,797,915		7,797,915	
22 Depreciation, depletion, and amortization	210,647,576	210,638,438	9,138	
23 Insurance	12,290,376	11,732,604	557,772	-
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Actuarial Adjustments	152,759,937	152,759,937		
b Support Services	19,037,893	5,059,239	14,370,203	-391,549
c Equipment Rental & Maintenance	47,081,598	40,626,866	5,145,940	1,308,792
d Alterations & Repairs	30,477,737	22,152,769	7,458,854	866,114
e All other expenses	19,099,821	17,913,443	-2,306,447	3,492,825
Total functional expenses. Add lines 1 through 24e	4,101,909,518	3,447,491,644	587,212,283	67,205,591
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

Form 990 (2019)

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Liabilities 22

Fund Balances

ō 29

Assets 30 184,625,018

341,824,092

79.226.094

1,280,000

63.718.722

2.247.436

82,591,352

3,256,563,734

2,945,463,673

4,374,527,794

237,958,183

867,152,733

243.835.147

43,967,806

2,074,682,820

376,613,179

5.716.313.125

580,286,468

6,643,684,490

7,223,970,958

12,940,284,083

Form 990 (2019)

2.110.061.440

12,940,284,083

1,370,257,985

(B) End of year

Beginning of year

59,896,183

138,572,694

1,374,104,390

130,202,771

1,484,785

34.122.246

2.663.385

69,043,048

3,204,751,971

2,983,426,668

4.649.307.947

51,389,502

649,791,425

208,117,211

45,846,347

1,716,005,594

5.035.117.793

1,016,410,889

6,647,436,908

7,663,847,797

12,698,965,590

203,524,910

2.211.832.306

12,698,965,590

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Check if Schedule O contains a response or note to any line in this Part IX			
		_	 (/

Savings and temporary cash investments . . .

2 3 Pledges and grants receivable, net . . . Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net Inventories for sale or use . .

Prepaid expenses and deferred charges .

10a

10b

5,823,368,923 basis. Complete Part VI of Schedule D 2,566,805,189 b Less: accumulated depreciation

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Assets 10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Cash-non-interest-bearing

11 12

13

Investments—other securities. See Part IV, line 11 . . . Investments-program-related. See Part IV, line 11 .

14 Intangible assets . 15 Other assets. See Part IV, line 11 . . . 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses . 18 Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . . .

3a

3b

Yes

Yes (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 19010655 Software Version: 2019v5.0

EIN: 36-2177139

Name: University of Chicago

Form 990 (2019)

Form 990, Part III, Line 4a:

Instruction: In 2019-2020, the University enrolled 17,568 students, of that total, 6,790 were undergraduate students in the college (the University's undergraduate school). 4,321 were graduate students, 5,864 were students in the University's professional schools and 592 were non-degree students.

Form 990, Part III, Line 4b:

chemistry and biology and medicine, among other fields. In pursuit of these research endeavors, during fiscal year 2019-2020 the University was awarded a total of \$604 million in research funding from federal agencies, non-federal government entities, corporations, foundations and other sources. This fiscal year \$433 million was expended from federal government sponsors of research, with the U.S. Department of Health and Human Services and the National Science Foundation providing the largest amounts

of funding, Corporate research sponsorship awards totaled \$92.0 million, followed by Foundation research sponsorship of \$50.5 million. The University also conducts scientific research in collaboration with Argonne National Laboratory, owned by the United States Government and operated by the University through a disregarded entity,

Research: University of Chicago faculty cross traditional disciplinary boundaries to transform understandings in business, economics, history, law, literature, religion, physics,

under the terms of a cost reimbursement contract with the U.S. Department of Energy. Argonne is a multi-purpose science laboratory with a \$823.3 million annual budget

and approximately 3.500 employees. Program Service research expenditures were \$481.1 million and are included in the research program service expense amount, as is required for a disregarded entity. In addition, Fermi Research Alliance, LLC, an entity jointly owned by the University and Universities Research Association Inc., operates

international center for scientific research in elementary particle physics and astrophysics. Fermilab has a \$488.6 million annual budget and approximately 1,800 employees.

Fermi National Accelerator Laboratory ("Fermilab") for the U.S. Department of Energy, Fermilab is the nation's preeminent center for high-energy physics and an

Form 990, Part III, Line 4c:

attend the University regardless of their financial circumstances. For the 2019-2020 academic year, approximately 52 % of all students in the College received financial aid in the form of grants and scholarships. University-wide expenditures for scholarships and fellowships amounted to \$514.8 million. Of this amount, approximately \$388.0 million was provided from unrestricted funds; the remaining \$126.7 million came from restricted sources. Approximately 18% of students in the College (the University's undergraduate college) currently receive Odyssey Scholarships. The Odyssey Scholarships provide increased access by providing scholarship support for first generation students and students with family incomes typically below \$90,000. The Odyssey Scholarship also provides funds for other educational opportunities like study abroad and

providing a paid internship after the student's first year in the College. In October 2014, The University launched the No Barriers Program to eliminate the student loan requirement from all undergraduate, need-based financial aid packages. The loans were replaced by the University with direct grants. Beginning with the incoming class of

Scholarships & Fellowships: The University is a need blind institution with an extensive financial aid program which is designed to enable the most qualified students to

2019, the University's Empower initiative will provide a grant/scholarship award guaranteed to cover full-tuition for families earning less than \$125,000 and full-tuition, fees and room and board for families earning less than \$60,000. In 2019, the University announced a new funding model for doctoral students. All students are guaranteed full tuition support, paid health insurance and an annual stipend of at least \$31,000, beginning with students enrolling in 2020-2021.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

Officer

Institutional

Trustee

Key employee

Individual trustee or director

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Highest compensated employee

Former

2/1099-MISC)

(W- 2/1099-

MISC)

organization and

related

organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)
ALVARO J SAIEH	2.0
TRUSTEE	
ANDREW M ALPER	2.0

TRUSTEE

TRUSTEE

TRUSTEE

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TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

ASHLEY D JOYCE

BRADY W DOUGAN

BRIEN M O'BRIEN

BRYON D TROTT

CRAIG J DUCHOSSOIS

DANIEL L DOCTOROFF

DAVID B BROOKS

ANDREW M ROSENFIELD

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a from related week (list from the compensation director/trustee) any hours organization (Worganizations from the

Officer

Institutional

Trustee

Key employee

Individual trustee or director

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Highest compensated employee

Former

2/1099-MISC)

(W- 2/1099-

MISC)

organization and

related

organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)
DAVID G BOOTH	2.0
TRUSTEE	
DAVID M RUBENSTEIN	2.0
TRUSTEE	
DEBRA A CAFARO	2.0

and Independent Contractors

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

EMILY NICKLIN

EMMANUEL ROMAN

FRANCIS TF YUEN

FRANK A BAKER II

GREGORY W WENDT

DENNIS J KELLER

DONALD R WILSON JR

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation from the

organization and related organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	(direct	or/tı	rust	ee)		organization (W-	organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
GURU RAMAKRISHNAN	2.0							0	,
TRUSTEE		Х						٥	'
JAMES M KILTS	2.0	х						0	
TRUSTEE		^						0	,
JAMES S CROWN	2.0								

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and Independent Contractors

JAMES S CROWN

JAMES S FRANK

JOHN A EDWARDSON

JOHN W ROGERS JR

JOSEPH NEUBAUER

KAREN L KATEN

KENNETH C GRIFFIN

CHAIRMAN OF THE BOARD

TRUSTEE

TRUSTEE

TRUSTEE

JOHN LIEW

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation amount of other hours per compensation mpensation from the

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	week (list any hours		oth a direct		ruste	,		from the organization (W-	from related organizations	compensation from the organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	related related organizations
KENNETH M JACOBS	2.0	X						0	0	0
TRUSTEE		^						٥	0	
MARY A TOLAN	2.0	х						0	0	
TRUSTEE		×							U	0
MARY LOUISE GORNO	18.0									

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and Independent Contractors

VICE CHAIR OF THE BOARD

MICHAEL J KLINGENSMITH

MICHAEL P POLSKY

MYRTLE S POTTER

NASSEF O SAWIRIS

PAUL G YOVOVICH

RACHEL D KOHLER

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

PAULA WOLFF

(A) (B) (D) (E) (F) (C) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person amount of other compensation hours per compensation is both an officer and a from related week (list from the compensation n the

and Independent Contractors

STEVE G STEVANOVICH

STEVEN A KERSTEN

TANDEAN RUSTANDY

THOMAS J PRITZKER

THOMAS A COLE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

	any hours		direct			ee)	•	organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustée	Gel.	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
RIKA MANSUETO	2.0	×						0	0	0
TRUSTEE		^						٥	٥	
ROBERT J ZIMMER	40.0							4 677 070		700 564
PRESIDENT	16.0	X						1,677,073	0	780,561
PODNEY L COLDSTEIN	2.0									

RIKA MANSUETO	2.0	V					
TRUSTEE		X			0	0	0
ROBERT J ZIMMER	40.0					_	
PRESIDENT	16.0	Х			1,677,073	0	780,561
RODNEY L GOLDSTEIN	2.0	V					
TRUSTEE		X			0	0	0

ROBERT J ZIMMER	10.0	v			1,677,073	0	7:
PRESIDENT	16.0	^			1,077,073	0	/'
RODNEY L GOLDSTEIN	2.0						
TRUSTEE		Х			0	0	
SANFORD J GROSSMAN	2.0						
TRUSTEE		Х			0	0	
SATYA NADELLA	2.0						

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RODNEY L GOLDSTEIN	2.0				0	0	0
TRUSTEE		Х			U	U	
SANFORD J GROSSMAN	2.0				0	0	0
TRUSTEE		Х			U	o o	0
SATYA NADELLA	2.0				0	0	0
TRUSTEE		Х			U		0
STEVE G STEVANOVICH	2.0						

PRESIDENT	16.0	_ ^			1,077,073		700,301
RODNEY L GOLDSTEIN	2.0				0	0	0
TRUSTEE		_ ^			U	J	U
SANFORD J GROSSMAN	2.0				0	0	0
TRUSTEE		_ ^			0	0	0
SATYA NADELLA	2.0				0		0
TRUSTEE		_ ^			0	0	0

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation compensation hours per amount of other sation the

and Independent Contractors

EXECUTIVE VICE PRESIDENT

DEREK DOUGLAS

IVAN SAMSTEIN

JAMES G NONDORF

JUAN DE PABLO

KA YEE LEE

PROVOST

VP ENROLL. & STUDENT ADV.

VP FOR NATIONAL LABORATORIES

VP & CFO

VP CIVIC ENGAGEMENT

	week (list any hours		oth a direct		ruste	,		from the organization (W-	from related organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
BALAJI SRINIVASAN	40.0			х				727,470	0	57,860	
VP GLOBAL ENGAGEMENT	2.0			^				/2/,4/0	0	37,800	
CATHERINE CALLOW-WRIGHT	40.0			\ \ \				425.640	0	F3 C04	
VP & SECRETARY OF THE UNIVERSITY	6.0			Х				435,648		53,604	
DANIEL DIERMEIER	40.0							4 040 507		105.004	

			×		l	435,648	l n	53,604
VP & SECRETARY OF THE UNIVERSITY	6.0		^			133,616		33,001
DANIEL DIERMEIER	40.0							
PROVOST	4.0		X			1,319,597	0	106,021
DARREN REISBERG	40.0					200 420		26.264
VP STRATEGIC INITIATIVES	5.0		X			290,120	0	26,361

DANIEL DIERMEIER	40.0					_	
PROVOST	4.0		X		1,319,597	0	10
DARREN REISBERG	40.0				200.420		
VP STRATEGIC INITIATIVES	5.0		X		290,120	0	
DAVID B FITHIAN	40.0						
			Х		818,722	0	

7.0 40.0

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4.0 40.0

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	0.0						
DANIEL DIERMEIER	40.0				4 240 507		406.004
PROVOST	4.0		×		1,319,597	0	106,021
DARREN REISBERG	40.0						
VP STRATEGIC INITIATIVES	5.0		X		290,120	0	26,361
DAVID B FITHIAN	40.0						

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676,245

683,516

782,343

634,688

369,604

41,764

48,452

54,192

33,413

98,553

123,721

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0

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation hours per compensation amount of other is both an officer and a week (list from the from related compensation director/trustee) organization (Worganizations from the any hours

and Independent Contractors

MADHAV RAJAN

DAVID BARCLAY

JOANNA RUPP

DEAN BOOTH SCHOOL OF BUSINESS

CHIEF OPERATING OFFICER CRSP

Managing Director Private Equity

	any nours								organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
KENNETH S POLONSKY	40.0										
EXEC. VP MEDICAL AFFAIRS	20.0			X				2,705,430	0	405,730	
KIMBERLY TAYLOR	40.0										
VP & GENERAL COUNSEL	14.0			X				812,151	0	52,199	
LORI BERKO	40.0								_		
Secretary				X				178,903	0	21,305	
MADIZ A CCUMID	40.0										

VP & GENERAL COUNSEL	14.0		^		012,131		ĺ
LORI BERKO	40.0		,		170.000		
Secretary			Х		178,903	O	
MARK A SCHMID	40.0		V		2 449 270		
VP AND CHIEF INVEST. OFFICER			Х		2,448,279		
MICHELE RASMUSSEN	40.0		٧.		270.000		
DEAN OF STUDENTS			Х		379,089	U U	

o con occur y							
MARK A SCHMID	40.0		٧.		2 449 270		926 107
VP AND CHIEF INVEST. OFFICER			۸		2,448,279	0	826,197
MICHELE RASMUSSEN	40.0				370.000	0	20.466
DEAN OF STUDENTS			^		379,089	0	29,466
PAUL RAND	40.0		.,		550 422		42.004
VP COMMUNICATIONS			Х		558,433	0	12,901

VP AND CHIEF INVEST. OFFICER	••••••		X		2,448,279	0	
MICHELE RASMUSSEN	40.0		_		379,089	0	
DEAN OF STUDENTS			^		379,009	0	
PAUL RAND	40.0		V		558,433	0	
VP COMMUNICATIONS			×		558,433	U	
	40.0						

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MICHELE RASMUSSEN						379,089	0	29,40
DEAN OF STUDENTS			^			379,009	0	29,41
PAUL RAND	40.0		.,			550 422		42.0
VP COMMUNICATIONS			Х			558,433	0	12,90
SHARON MARINE	40.0		.,					
		ı I	1 Y 1	 ı	ı	763 477	n	l 37.7

MICHELE RASMUSSEN					379,089	_	29,466
DEAN OF STUDENTS			^		379,009		29,400
PAUL RAND	40.0				558,433	0	12.001
VP COMMUNICATIONS			×		558,433	U	12,901
	40.0						

I AGE NAIND			v		558,433	۸ ا	12,901
VP COMMUNICATIONS			^		336,433	0	12,901
SHARON MARINE	40.0		,		762 477		27.726
VP ALUMNI RELATIONS & DEVL.			^		763,477	0	37,736

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1,046,726

1,658,089

1,378,182

22,421

56,684

483,966

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a from the week (list from related compensation

and Independent Contractors

Chief Risk Officer - Investment Office

CHIEF CARDIAC & THORACIC SURG.

VALLUVAN JEEVANANDAM

JOHN R KROLL

AVP FINANCE

	any hours		direct			ee)	'	organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	()	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
LUCA VRICELLA	40.0					×		1,719,845	0	55,754	
Professor of Surgery						^		1,719,643		33,734	
MICHAEL EDELSON	40.0										

		1 4.	Stee		ısated			
LUCA VRICELLA	40.0							
Professor of Surgery					X	1,719,845	0	55,754
MICHAEL EDELSON	40.0							

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1,513,845

1,805,064

370,210

29,889

41,783

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efil	e GR/	APHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493132043711				
SC		ULE A	Dublic	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047				
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019				
		the Treasury	► Go to <u>www.irs</u>	s.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection				
Nam	e of th	ne organiza Chicago	tion				Employer identific	ation number				
		Cilicago					36-2177139					
	rt I		for Public Charity Stat				See instructions.					
1 1	rganiz		a private foundation because	`	•		(A)(:)					
		·	onvention of churches, or as									
2			scribed in section 170(b)(`	, ,						
3		·	or a cooperative hospital ser	-			-					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:										
5		-	ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170				
6			tate, or local government or	-								
7	✓		ation that normally receives ' '0(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described in				
8		A communi	ty trust described in sectio	170(b)(1)(A)(vi).	(Complete Part I	I.)						
9			ural research organization de rant college of agriculture. S					ege or university or a				
10		from activit investment	ation that normally receives: ties related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross				
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).					
12		more public	ation organized and operated cly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a					
а		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by					
b		Type II. A manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	ervised or controlled i ation vested in the sar								
С		Type III f	unctionally integrated. A sorganization(s) (see instruct	supporting organizatio				ted with, its				
d		Type III n functionally	on-functionally integrate integrated. The organizations). You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar					
e		Check this	box if the organization receir or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally				
f	Enter		of supported organizations		-		<u> </u>					
g	Provi	de the follow	ing information about the su	upported organization(s).							
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
Tota		l. B. '	tion Act Notice, see the I		Cat. No. 11285		 	 90 or 990-EZ) 2019				

P	Support Schedule for						
	(Complete only if you of If the organization fails						nuer Part III.
s	ection A. Public Support	ca to quality arras	or the tests lister	below, piease	complete rait II.	,	
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	or fiscal year beginning in) ►	(4) 2013	(8) 2010	(6) 2017	(4) 2010	(6) 2013	(1) 10001
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	1,621,056,667	1,667,523,784	1,569,030,190	2,445,344,205	1,727,925,591	9,030,880,437
	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit						
	to the organization without charge.						0
4	Total. Add lines 1 through 3	1,621,056,667	1,667,523,784	1,569,030,190	2,445,344,205	1,727,925,591	9,030,880,437
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly						
	supported organization) included						0
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						9,030,880,437
_	from line 4. ection B. Total Support						
	Calendar year	()	# N = 2 + 2	() 22/2	(1) 22/2	() 22/2	
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,621,056,667	1,667,523,784	1,569,030,190	2,445,344,205	1,727,925,591	9,030,880,437
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	84,482,512	107,059,684	88,863,114	100,751,306	105,082,442	486,239,058
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or not	1,390,683			3,369,159	69,630	4,829,472
	the business is regularly carried	1,330,003			3,303,133	05,030	1,023,172
10	on Other income. Do not include gain						
	or loss from the sale of capital	42,751,921	44,049,807	49,469,843	47,145,820	48,672,224	232,089,615
	assets (Explain in Part VI.) Total support. Add lines 7						
11	through 10						9,754,038,582
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	7,683,399,945
13	First five years. If the Form 990 is	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nization,
	check this box and stop here					▶ 🗆	
S	ection C. Computation of Pub	lic Support Per	centage				
14	Public support percentage for 2019 (line 6, column (f) c	livided by line 11,	column (f))		14	92.59 %
15	Public support percentage for 2018 S	Schedule A, Part II,	line 14			15	91.67 %
16a	33 1/3% support test— 2019. If the	ne organization did	not check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this b	
	and stop here. The organization qua	alifies as a publicly	supported organiza	ation			. ▶ 🗹
b	33 1/3% support test—2018. If						
	box and stop here. The organization	on qualifies as a pu	blicly supported or	ganization			. ▶⊔
17a	10%-facts-and-circumstances te is 10% or more, and if the organizat						
	in Part VI how the organization meet	ts the "facts-and-ci	rcumstances" test.	The organization of	qualifies as a public	cly supported	
	organization						▶□
b	10%-facts-and-circumstances to	est—2018. If the o	organization did no	t check a box on li	ne 13, 16a, 16b, o	r 17a, and line	
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organization			_	•	• •	. □
	supported organization				76		🟲 🗀

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990 or 990-F7) 2019

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		14	
_			Yes	No
1	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the approximation approximation of the provided details in Part VI. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

O diei distributions (describe in Fare V2). See histractions				
7 Total annual distributions. Add lines 1 through 6.				
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions				
Distributable amount for 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
	Underdistributions	Distributable		

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** 990 Schedule A, Supplemental Information Return Reference Explanation Schedule A, Part II SCHEDULE A, THE UNIVERSITY OF CHICAGO IS A SCHOOL; HOWEVER IN ORDER TO USE THE SPECIAL USE ON SCHEDULE PART II B FOR A 501(C)(3) ORGANIZATION, IT IS NECESSARY TO COMPLETE SCHEDULE A, PART II TO DEMONS TRATE THAT THE UNIVERSITY MEETS THE 33 1/3% PUBLIC SUPPORT TEST. THEREFORE THE UNIVERSITY IS CLASSIFIED IN PART I LINE 7 AS AN ORGANIZATION THAT NORMALLY RECEIVES A SUBSTANTIAL PAR

T OF ITS SUPPORT FROM A GOVERNMENT UNIT OR FROM THE GENERAL PUBLIC.

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - NET INCOME FROM SALE OF INVENTORY, ACTUARIAL ADJUSTMENTS AND OTHER MISCELLAN EOUS INCOME, COLUMN A - 42751921.0, COLUMN B - 44049807.0, COLUMN C - 49469843.0, COLUMN D - 47145820.0, COLUMN E - 36408650.0, COLUMN F - 219826041.0; DESCRIPTION - ACTUARIAL ADJU STMENT. COLUMN A COLUMN B COLUMN D C

MN D - , COLUMN E - 8896364.0, COLUMN F - 8896364.0;

I - 3367210.0; DESCRIPTION - ALL OTHER REVENUE, COLUMN A - , COLUMN B - , COLUMN C - , COLU

990 Schedule A, Supplemental Information

Political Campaign and Lobbying Activities

DLN: 93493132043711

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

• S • S If the • S If the (Pro)	ection 501(c)(3) organizations: Cor Section 501(c) (other than section 5 Section 527 organizations: Complet e organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax s), then	e Part I-C. s I-A and C below. 190-EZ, Part VI, Iii section 501(h)): Conder section 501(h	Do not comple ne 47 (Lobbyin emplete Part II-/ i)): Complete Pa nstructions) o	te Part I-B. g Activities A. Do not co art II-B. Do r r Form 990-	s), then mplete Part II-E not complete Pa	i. rt II-A. • 35 c
	ne of the organization versity of Chicago			Em	лоуег іаеп	tification num	Der
Daw	t I-A Complete if the orga	nization is exempt under section	n F01/s) or is		2177139	-ation	
		nization's direct and indirect political car					
1	"political campaign activities")	nzacion's direct and indirect political car	ilpaigii activities ii	i Pait IV (See ii	isti uctions i	or definition of	
2		litures (see instructions)				\$	
3		paign activities (see instructions)					
Par	-	nization is exempt under section					
1		ax incurred by the organization under se				\$	
2	•	ax incurred by organization managers u				\$	
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	this year?			☐ Yes	☐ No
4a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part IV.						
Par	t I-C Complete if the orga	nization is exempt under sectio	n 501(c), exc	ept section 5	01(c)(3)		
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	▶	\$	
2		anization's funds contributed to other o				\$	
3	Total exempt function expenditur	es. Add lines $f 1$ and $f 2$. Enter here and $f o$	n Form 1120-POL,	line 17b	▶	\$	
4	Did the filing organization file For	m 1120-POL for this year?				☐ Yes	□ No
5	organization made payments. For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly deliver ee (PAC). If additional space is needed,	ount paid from the ed to a separate p	e filing organiza olitical organiza	tion's funds.	Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount filing orgar funds. If no -0-	ization's ne, enter	(e) Amount of contributions and promp directly delived separate programmer organization enter -	received tly and ered to a olitical If none,
1							
2							
3							
4							
5							
6							
For P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 500845	Schedule C (Form 990 or 990	-F7) 2019

Schedule C, Part II-B, Line 1 LOBBYING ACTIVITIES

ACTIVITY

DESCRIPTION OF THE LOBBYING

Sche	dule C (Form 990 or 990-EZ) 2019				P	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT five Form 5768 (election under section 501(h)).	led				
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)		
		Yes	No	Δ.	Amoun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		1		
C	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			1	75,435
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		No			
j	Total. Add lines 1c through 1i				1	75,435
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), 0	r sect	ion		
	501(c)(6).					
	Warran and a bankirilla all (000) an arrana \ data a manifesta de manda de akikla ha manada ma		_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				-01/-	.)(6)
Рa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				201(0	:)(0)
	answered "Yes."	III-M	, iiie), IS		
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5	 			
	art IV Supplemental Information	1 -				
	,,	Dart II	Λ lin	1	42/-	
	ovide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); tructions), and Part II-B, line 1. Also, complete this part for any additional information.	rart II	-A, iines	⊥ar	u ∠ (s	=e
l	Return Reference Explanation					

Schedule C, Part II-B, Line 1 DETAILED THE UNIVERSITY OF CHICAGO IS INVOLVED IN ISSUES THAT AFFECT HIGHER EDUCATION AND RESEARCH.

THE UNIVERSITY OF CHICAGO IS INVOLVED IN ISSUES THAT AFFECT HIGHER EDUCATION AND RESEARCH.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

(Form 990)

DLN: 93493132043711

OMB No. 1545-0047

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** University of Chicago 36-2177139 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Sche	dule D	(Form 990) 2019										Page 2
Par	t 1111	Organizations M	aintaining Collections	of Art, Histor	ical T	reası	ıres, or	Other 9	Similar As	sets (cont	inued)	
3		g the organization's acq s (check all that apply):	quisition, accession, and othe :	er records, check	any of	the fo	ollowing t	hat are a	significant u	se of its col	lection	
а	✓	Public exhibition		d	✓	Loan	or excha	ange prog	rams			
b	✓	Scholarly research		е		Othe	r					
C	✓	Preservation for future	e generations									
4	Provi Part		organization's collections an	d explain how th	ney furt	her the	e organiz	ation's ex	empt purpos	se in		
5		<i>y</i> , .	nanization solicit or receive d nds rather than to be mainta	•						☐ Yes	☑ N	0
Pa	rt IV		todial Arrangements. ganization answered "Ye	s" on Form 99	0, Part	: IV, li	ine 9, or	reporte	d an amoui	nt on Forn	า 990,	Part
1a			t, trustee, custodian or other X?							☐ Yes	□ N	o
b	If "Y	es," explain the arrange	ement in Part XIII and comp	lete the following	g table:				Ar	nount		_
c	Begir	nning balance					Ī	1c				_
d	Addit	tions during the year .					[1d				_
е			r				The state of the s	1e				_
f							T I	1f				_
2a		-	e an amount on Form 990, Pa					ccount lia	hility2		□ N	_
		-	· ·	,					•	_		U
b			ement in Part XIII. Check he	re if the explana	tion na	s been	provided	in Part X	111			
- 6	rt V	Endowment Fund Complete if the or	us. ganization answered "Ye	s" on Form 99	0 Part	· T\/ i	ine 10					
		complete if the or	(a) Curr		Prior yea			ears back	(d) Three yea	rs back (e)	Four yea	rs back
1 a	Beginr	ning of year balance .	7,16	1,288,450	,925,64			6,945,638	6,045,0			558,987
b	Contri	butions	16	4,534,768	182,81	7,930	29	9,641,262	197,3	28,418	138,	940,063
С	Net in	vestment earnings, gair	ns, and losses	6,309,392	476,95	8,234	54	8,201,127	681,2	60,067	-134,	353,584
d	Grants	s or scholarships	. 6	7,411,795	64,58	3,071	6	1,410,267	57,7	69,334	52,	663,062
	Other	expenditures for faciliti	es	7,614,821	342,44	2,537	37	6,046,512	310,9	74,902	360,	568,009
f	Admin	nistrative expenses .	2	0,835,594	17,10	3,206	2	1,690,148	17,9	01,975	17,	911,031
g	End of	f year balance	7,11	6,270,400 7	7,161,28	8,450	6,92	5,641,100	6,536,9	45,638	6,045,	003,364
2 a		ide the estimated perce d designated or quasi-e	entage of the current year er	d balance (line :	1g, colu	ımn (a)) held as	s:		<u> </u>		
b	Perm	nanent endowment ►	32 %									
С	Tem	porarily restricted endo	wment ► 39 %									
	The	percentages on lines 2a	a, 2b, and 2c should equal 10	00%.								
3а	orga	nization by:	not in the possession of the	organization th	at are h	ield an	ıd admini	stered for	the		Yes	No
	(i) u	ınrelated organizations								3a(i)		No
_		related organizations .								3a(ii)		No
b			lated organizations listed as			₹ .				3b		
4			ended uses of the organizati	on's endowment	runas.							
Рa	rt VI		and Equipment. ganization answered "Ye	s" on Form 99	n Part	· T\/ i	ine 112	See For	m QQN Dar	t X line 1	0	
	Descr	ription of property	(a) Cost or other basis (investment)	(b) Cost or othe				umulated d			ook valu	e
12	Land			1	83.9	60,178					83	3,960,178
		ngs		1	4,736,9		<u> </u>	1.8	10,726,003			5,187,616
		hold improvements		+	.,, 50,9	,		1,0	_5,, _5,555		2,320	
		•			571 2	21,850			06,775,416		164	1,446,434
u	⊑quipf	ment	1	1	2/1/2	,000	1	-	00,770,710		10-	,,,,,,,,,

431,273,276

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

81,969,506

3,256,563,734

349,303,770

	Complete if the organization answered "Yes" on (a) Description of security or category (including name of security)	Form 990, Part IV, line 1 (b) Book value	(c) Method	art X, line 12. d of valuation: year market value
(1) Financia			2220 0. Glid 01	,
(2) Closely- (3) Other	held equity interests			
(A) REAL ES	TATE	868,210,564		F
(B) VENTURI	E CAPITAL	3,506,317,230		<u>F</u>
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	4,374,527,794		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on I	Form 990, Part IV, line 1	.1c. See Form 990, I	Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum.	on (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		•	
	Complete if the organization answered 'Yes' on F (a) Descriptio		1d. See Form 990, Par	t X, line 15. (b) Book value
(1)	(a) Descriptio			(b) book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu Part X	umn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			>
- art A	Complete if the organization answered 'Yes' on F		1e or 11f.See Form	
1.	(a) Description of l	iability		(b) Book value
	income taxes HELD IN CUSTODY FOR OTHERS			376,613,179
(3)				,,
(4)				
(5)				
(6)				
(7)				
(7)				
(7) (8) (9)				
(6) (7) (8) (9) (10)				
(7) (8) (9) (10) Total. (Column	on (b) must equal Form 990, Part X, col.(B) line 25.) For uncertain tax positions. In Part XIII, provide the text o	of the footnote to the organi		376,613,179 nents that reports the organization's liab

2

4

b

C

Part XII

5

1

2

C

d

е

b

Part XIII

See Additional Data Table

3

4

5

а

Schedule D (Form 990) 2019

-25,259,885

854,399,046

3,705,144,407

3,262,972,475

10,608,933

3.252,363,542

849,545,976

4.101.909.518

Schedule D (Form 990) 2019

2,850,745,361

Page 4

Donated services and use of facilities 2b b 2c d Other (Describe in Part XIII.) 2d 18,144,195

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

е Subtract line **2e** from line **1** 3

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments

Add lines **4a** and **4b**

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.)

Subtract line 2e from line 1

Add lines **4a** and **4b**

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines 2a through 2d .

Return Reference

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

4a 4b

> 2a 2b

> 2c

2d

4a

4b

Explanation

2a

2e 3 9,051,900 845,347,146 4c 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2e

3

4c

5

-43.404.080

10,608,933

9,051,900

840.494.076

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: 19010655 **Software Version:** 2019v5.0

Name: University of Chicago

EIN: 36-2177139

Supplemental Information

Return Reference

Return Reference	Explanation
Schedule D, Part II, Line 4 PART II, LINE 4	THE UNIVERSITY OF CHICAGO HAS TWO MUSEUMS - THE DAVID AND ALFRED SMART MUSEUM OF ART (SMAR T MUSEUM) AND THE ORIENTAL INSTITUTE OF THE UNIVERSITY OF CHICAGO (ORIENTAL INSTITUTE MUSE UM). THE SMART MUSEUM PROMOTES THE UNDERSTANDING OF THE VISUAL ARTS AND THEIR IMPORTANCE T O CULTURAL AND INTELLECTUAL HISTORY THROUGH DIRECT EXPERIENCES WITH ORIGINAL WORKS OF ART AND THROUGH AN INTERDISCIPLINARY APPROACH TO ITS COLLECTIONS, EXHIBITIONS, PUBLICATIONS AN D PROGRAMS. THE SCOPE OF ITS PERMANENT COLLECTIONS, SPECIAL EXHIBITIONS, FOCUS ON RESEARCH AND TEACHING BY THE UNIVERSITY OF CHICAGO SCHOLARS AND OUTREACH AND EDUCATIONAL PROGRAMS TO BOTH ADULTS AND SCHOOL AGE CHILDREN MAKE SMART MUSEUM ONE OF THE MIDWEST'S MOST DYNAMIC AND INNOVATIVE EDUCATIONAL INSTITUTIONS IN THE VISUAL ARTS. THE ORIENTAL INSTITUTE MUSEUM IS A WORLD RENOWNED SHOWCASE FOR THE HISTORY, ART AND ARCHAEOLOGY OF THE ANCIENT NEAR EAS T. THE COLLECTIONS ARE USED EXTENSIVELY FOR RESEARCH, TEACHING AND EXHIBITIONS. ITS APPROA CH TO INTEGRATE ARCHAEOLOGICAL, TEXTUAL AND ART HISTORICAL DATA TO UNDERSTAND THE DEVELOPM ENT AND FUNCTIONS OF THE ANCIENT CIVILIZATIONS OF THE NEAR EAST MAKE IT AN EXCEPTIONAL RES

OURCE FOR THE UNIVERSITY COMMUNITY AS WELL AS THE COMMUNITY AT LARGE.

Supplemental Information				
Return Reference	Explanation			
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE UNIVERSITY'S USE OF ENDOWMENT FUNDS IS INSEPARABLE FROM THE OVERALL ACADEMIC MISSION A S ONE OF THE WORLD'S LEADING RESEARCH UNIVERSITIES. ENDOWMENT FUNDS ARE USED TO SUPPORT IN STRUCTION AND RESEARCH PROGRAMS; SUPPORT PROFESSORSHIPS; SUPPORT FINANCIAL AID FOR UNDERGR ADUATE, GRADUATE AND PROFESSIONAL STUDENTS; SUPPORT THE ACQUISITION, RESTORATION AND PRESE RVATION OF BOOKS AND OTHER MATERIALS IN THE LIBRARIES; AND SUPPORT THE ON-GOING OPERATIONS OF THE PHYSICAL PLANT, GROUNDS, AND EQUIPMENT.			

Cupplemental Information

Supplemental Information				
Return Reference	Explanation			
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE UNIVERSITY OF CHICAGO IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTE RNAL REVENUE CODE AND, EXCEPT FOR UNRELATED BUSINESS INCOME, IS EXEMPT FROM FEDERAL INCOME TAXES. THERE WAS NO PROVISION FOR INCOME TAXES DUE ON UNRELATED BUSINESS INCOME IN FISCAL YEARS 2020 AND 2019 AND THERE ARE NO UNCERTAIN TAX POSITIONS CONSIDERED TO BE MATERIAL.			

Constituted To Constitute

upplemental Information					
Return Reference	Explanation				
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Cost of disposed equipment - 5512767 cost of goods sold - 8406176 related organizations - 4225252				

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Supplemental Information				
Return Reference	Explanation			
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Disregarded Entity - 845347146			

Supplemental Information					
Return Reference	Explanation				
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Disposal of Equipment - 5512767 Cost of Goods sold - 8406176 Related Organizations3310010				

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Disregarded Entity - 840494076

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132043711 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** University of Chicago 36-2177139 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes **d** Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019)					
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.					
Return Reference	Explanation				
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	THE UNIVERSITY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS FROM ACROSS THE NATION AND AROUND THE WORLD, FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY, AS EMBODIED IN THE UNIVERSITY'S POLICY ON UNLAWFUL DISCRIMINATION AND HARASSMENT, AND INCLUDES A STATEMENT OF ITS NONDISCRIMINATORY POLICY ON ITS BROCHURES, CATALOGS AND APPLICATION MATERIALS DEALING WITH STUDENT ADMISSIONS, PROGRAMS AND SCHOLARSHIPS.				
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	THE UNIVERSITY OF CHICAGO RECEIVES FUNDING FROM VARIOUS GOVERNMENTAL AGENCIES FOR STUDENT FINANCIAL AID.				

Schedule E (Form 990 or 990-EZ) (2019)

SCHEDULE F	State	ement of A	Activities	Outside the Un	ited States	OMB No. 1545-0047
Form 990)	► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.					2019
Department of the Treasury nternal Revenue Service	•	Go to www.irs.g	gov/Form990 for I	nstructions and the latest i	nformation.	Open to Public Inspection
lame of the organization	٦				Employer ide	ntification number
Jniversity of Chicago					36-2177139	
	Information , Part IV, line		Outside the I	Jnited States. Comple	ete if the organization	answered "Yes" on
1 For grantmake	r s. Does the o	ganization mai	ntain records to	substantiate the amoun	t of its grants and	
other assistance,	the grantees'	eligibility for th	ie grants or assi	stance, and the selection	n criteria used	
to award the gra	nts or assistan	ce?				☑ Yes ☐ No
2 For grantmaker outside the Unite		Part V the orga	anization's proce	edures for monitoring the	e use of its grants and o	ther assistance
3 Activites per Region	on. (The following	ng Part I, line 3 t	able can be dupl	icated if additional space i	s needed.)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data						
3a Sub-total b Total from continua		9	228			52,318,890
		9	0			52,318,890 3,589,793,74

Grant	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,								
Part I	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
(a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount	(h) Description	(i) Method of	

organization	section and EIN (if applicable)	(C) Region	grant	cash grant	cash disbursement	of noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 35

Part III can be du				(-) M	(6) A 6	() December	(I-) Mathadas
Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
See Add'l Data							

Sche	dule F (Form 990) 2019		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
		✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Instructions for Form 6005)	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	□Yes	✓ No

Schedule F (Form 990) 2019					
Provide amount method	mental Information the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; s of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide itional information. See instructions.				
990 Schedule F, S	upplemental Information				
Return Reference	Explanation				
Schedule F, Part I, Line 2 Procedures for	THE UNIVERSITY WILL PERFORM A RISK ASSESSMENT AT THE PROPOSAL STAGE BEFORE FUNDING IS APPROVED. UNIVERSITY DEPARTMENT ADMINISTRATORS AND THE PRINCIPAL INVESTIGATOR WILL REVIEW INVOICES AND CERTIFY AS TO ALLOWARILITY AND APPROPRIATENESS OF CHARGES, CENTRAL SPONSORED AWARD ACCOUNTING WILL ALSO				

| TO ALLOWABILITY AND APPROPRIATENESS OF CHARGES. CENTRAL SPONSORED AWARD ACCOUNTING WILL ALSO monitoring use of grant funds PERFORM A REVIEW THAT THE EXPENDITURES FALL WITHIN THE CONTRACT AMOUNT AND PERIOD OF PERFORMANCE.

Return Reference Explanation

990 Schedule F, Supplemental Information

Schedule F, Part I, Line 2
PROCEDURES FOR
MONITORING USE OF
GRANT FUNDS

THE UNIVERSITY WILL PERFORM A RISK ASSESSMENT AT THE PROPOSAL STAGE BEFORE FUNDING IS APPROVED.
UNIVERSITY DEPARTMENT ADMINISTRATORS AND THE PRINCIPAL INVESTIGATOR WILL REVIEW INVOICES AND
CERTIFY AS TO ALLOWABILITY AND APPROPRIATENESS OF CHARGES. CENTRAL SPONSORED AWARD ACCOUNTING
WILL ALSO PERFORM A REVIEW THAT THE EXPENDITURES FALL WITHIN THE CONTRACT AMOUNT AND PERIOD OF
PERFORMANCE.

Additional Data

East Asia and the Pacific

Software ID: 19010655 **Software Version:** 2019v5.0 **EIN:** 36-2177139

Name: University of Chicago

INSTRUCTION

18,072,185

Form 990 Schedule F Par	orm 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
Europe (Including Iceland and Greenland)	2	33	Program Services	INSTRUCTION	21,883,369				

31 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures in region (by type) (i.e., offices in the employees or is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) South Asia 0 | Program Services 116,248 INSTRUCTION North America (Canada & 0 Program Services INSTRUCTION 103,999 Mexico only)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Middle East and North Africa 2 | Program Services 466,280 INSTRUCTION Europe (Including Iceland and 13 Program Services RESEARCH 1,267,183 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Russia and Neighboring States RESEARCH 67,964 1 Program Services East Asia and the Pacific 9 Program Services RESEARCH 1,863,355

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia 96 Program Services **IRESEARCH** 3,617,324 Middle East and North Africa 37 Program Services RESEARCH 1,758,257

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 0 Program Services **IRESEARCH** 1,433,278 Antarctica 6 Program Services RESEARCH 427,291

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and 0 | Program Services SUBAWARDS 331.694 Greenland) Sub-Saharan Africa 371,217 0 Program Services ISUBAWARDS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific 0 Program Services SUBAWARDS 45,733 South Asia 0 Program Services SUBAWARDS 493,513

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) North America (Canada & 0 | Program Services SUBAWARDS 458,740 Mexico only) 185,137 South America 0 Program Services ISUBAWARDS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and 0 | Fundraising 27,456 Greenland) 0 Fundraising 109,210 East Asia and the Pacific

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) 0 | Fundraising 961 North America (Canada & Mexico only) 0 Fundraising 19,773 South America

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and 0 | Program Services Scholarship & Stipends 5,680,357 Greenland) Russia and Neighboring States 131,478 0 Program Services Scholarship & Stipends

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa 0 Program Services Scholarship & Stipends 348,926 East Asia and the Pacific 0 Program Services Scholarship & Stipends 5,427,284

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) South Asia 0 | Program Services Scholarship & Stipends 1,002,162 North America (Canada & 0 Program Services Scholarship & Stipends 1,562,198 Mexico only)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa 0 Program Services Scholarship & Stipends 787,106 South America 0 Program Services Scholarship & Stipends 969,864

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Central America and the 0 Program Services Scholarship & Stipends 52,572 Caribbean Europe (Including Iceland and 0 Investments 613,621,028 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa 165,408,269 0 lInvestments East Asia and the Pacific 0 linvestments 971,579

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) North America (Canada & 0 Investments 20,751,950 Mexico only) Central America and the 0 Investments 2,772,277,695 Caribbean

(i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Subaward 30,473 Wire lEurope l(Includina Iceland and

88,957 Wire

Greenland)

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Subaward

South Asia

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal. applicable) assistance other) South America | Subaward 3,000 Wire

43.200 Wire

Sub-Saharan

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) Sub-Saharan Subaward 150,000 Wire Africa

38,299 Wire

South Asia

(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation ' (d) Purpose of | (e) Amount of i (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Subaward

36,454 Wire

South Asia 82,068 Wire

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Subaward

South Asia

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia 210,885 Wire ISubaward |

18,801 Wire

Subaward

South Asia

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Subaward 12,000 Wire Africa Sub-Saharan Subaward 12,000 Wire lAfrica

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia Subaward 18,049 Wire North America Subaward 25,471 Wire (Canada &

Mexico only)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Subaward 13,259 Wire |Europe l(Includina Iceland and Greenland)

Sub-Saharan 62,624 Wire Subaward

Africa

(i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Subaward 6,000 Wire Africa

North America Subaward 393,933 Wire

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(Canada & Mexico only)

(i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Subaward 15,884 Wire lEurope l(Includina Iceland and Greenland)

22,236 Wire

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Subaward

South America

(i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Subaward 88,513 Wire |Europe l(Includina Iceland and Greenland)

10.292 Wire

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Subaward

East Asia and

the Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) North America Subaward 2.474 Wire l(Canada & Mexico only)

31.751 Wire

Sub-Saharan

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) South America Subaward 134,608 Wire

25,294 Wire

|South America |Subaward



(i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (a) Name of section (d) Purpose of (e) Amount of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Subaward 81,015 Wire lEurope l(Includina Iceland and Greenland)

North America Subaward 12,000 Wire l(Canada &

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Mexico only)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Subaward 81,682 Wire Europe l(Includina Iceland and Greenland)



Iceland and (Greenland

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) North America Subaward 24,861 Wire l(Canada & Mexico only)

6.000 Wire

Sub-Saharan

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Subaward 22,140 Wire Africa Sub-Saharan Subaward 25,502 Wire lAfrica

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation ' (d) Purpose of | (e) Amount of | (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if grant cash grant non-cash disbursement assistance appraisal. applicable) assistance other)

35,441 Wire

East Asia and

the Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (a) Description of (h) Method of (f) Amount of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Student Aid 33,572 Check or Wire Central America and the Caribbean 158 4.415.308 Check or Wire Student Aid East Asia and lthe Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Student Aid 156 5,493,664 Check or Wire Europe (Includina Iceland and Greenland) Student Aid 15 703,463 Check or Wire Middle East and North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Student Aid 34 1,540,898 | Check or Wire North America (Canada & Mexico only) Student Aid 131.478 Check or Wire Russia and Neighboring States

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Student Aid 20 892,091 |Check or Wire South America 897,162 Check or Wire Student Aid South Asia

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
Student Aid	Sub-Saharan Africa	7	256,456	Check or Wire					
Summer Grants	Central America and the Caribbean	4	19,000	Check or Wire					

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) 1,011,976 Check or Wire Summer Grants 240 East Asia and the Pacific Summer Grants 104 186,693 Check or Wire Europe (Includina Iceland and Greenland)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
	Middle East and North Africa	34	83,643	Check or Wire					
	North America (Canada & Mexico only)	5	21,300	Check or Wire					

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Summer Grants 32 77,773 Check or Wire South America Summer Grants 25 105,000 Check or Wire South Asia

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Summer Grants 92,470 Check or Wire Sub-Saharan Africa

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information. DLN: 93493132043711 OMB No. 1545-0047

Open to Public Inspection

	ne of the organization						Employer ide	ntification number
Univ	ersity of Chicago						36-2177139	
Pa	Fundraising Activ	•	_		answered "Yes" on Fo	orm 990,	Part IV, line 1	.7.
1	Indicate whether the organization	· · · · · · · · · · · · · · · · · · ·	•			all that a	nnly	
a	Mail solicitations	ation raised railus un	ough any	e .				
	✓ Internet and email solicit	ations			Solicitation of gove	-	•	
b	_	ations		q		•	Ji airus	
С	✓ Phone solicitations	gevents						
d	✓ In-person solicitations							
2a	Did the organization have a vor key employees listed in Fo						· ~ —	es 🗆 No
b	If "Yes," list the 10 highest p to be compensated at least \$			draisers)	pursuant to agreements	under wh	ich the fundraise	r is
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	or r fundra	nount paid to etained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		TELEMARKETING	Yes	No				
	RUFFALO NOEL LEVITZ	TELEMARKETING			500.074		547.000	24.47
	1025 KIRKWOOD PARKWAY			No	589,071		567,898	21,17
	CEDAR RAPIDS, IA 52404		+					
-								
Tot	al				589,071		567,898	21,17
	List all states in which the orga licensing.	nization is registered	or licens	ed to soli	cit contributions or has b	een notifi	ed it is exempt f	rom registration or

CA, CO, CT, FL, GA, AL, HI, IL, KS, KY, LA, AK, MD, MN, MS, MO, NJ, NM, ND, OH, PA, RI, TN, UT, VA, WA, WI

	rt II Fundraising Events. Completion than \$15,000 of fundraising e	vent contributions and			
Revenue	gross receipts greater than \$5	(a)Event #1 BSD (event type)	(b) Event #2 Lab School (event type)	(c)Other events (total number)	(d) Total events (add col. (a) through col. (c))
1	1 Gross receipts	136,000 124,300	1,881,632 1,686,703	313,652 263,652	2,331,284 2,074,655
Direct Expenses	line 2)	11,700	194,929 10,000 138,969 176,675 19,902 77,356	128,046 126,228 6,495 55,457	256,629 10,000 267,015 302,903 26,397 134,345
Par	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 t III Gaming. Complete if the orga on Form 990-EZ, line 6a.	from line 3, column (d)	s" on Form 990, Part I	▶ V, line 19, or reported	740,660 -484,031 more than \$15,000
penses Reverue	1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Direct Expense	4 Rent/facility costs	☐ Yes % ☐ No	☐ Yes %	☐ Yes % ☐ No	
9 a b	7 Direct expense summary. Add lines 2 t 8 Net gaming income summary. Subtrac Enter the state(s) in which the organizati Is the organization licensed to conduct ga If "No," explain:	t line 7 from line 1, colum on conducts gaming activi aming activities in each of	ities:these states?		☐ Yes ☐ No
10 a b		enses revoked, suspende	d or terminated during the		☐ Yes ☐ No

Sche	dule G (Form 990 or 990-EZ) 2019				F	age 3
11	Does the organization conduct gar	ning activities with nonmember	rs?	· 🗌 Yes	□No	
12	Is the organization a grantor, ben formed to administer charitable ga		a member of a partnership or other entity	□Yes	_	
13	Indicate the percentage of gaming	activity conducted in:				
а	The organization's facility .		13a			%
b	An outside facility					%
14	Enter the name and address of the	e person who prepares the orga	anization's gaming/special events books and records	:		
	Name •					
	Does the organization have a contrevenue?	ract with a third party from wh		· 🗆 Yes	 □ N o	
b	If "Yes," enter the amount of gam amount of gaming revenue retained		ganization 🕨 \$ and the			
С	If "Yes," enter name and address	of the third party:				
	Name ►					
	Address •					
16	Gaming manager information:					
	Name ►					
	Gaming manager compensation	s				
	Description of services provided ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor			
17 a	-		listributions from the gaming proceeds to	· 🔲 Yes	Пио	
b	Enter the amount of distributions	required under state law distrib	outed to other exempt organizations or spent	□ Tes		
	in the organization's own exempt		•			
Pai			tions required by Part I, line 2b, columns (iii) plicable. Also provide any additional informatio			3.
	Return Reference		Explanation			
	dule G, Part I, Line 2b(v) AMOUNT UNDRAISER	PAID INSTALLMENTS \$549,950	.00 MAILING \$11,073.00 POSTAGE \$6,875.00 TOTA	L \$567,898.0	00	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

Department of the

Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

DLN: 93493132043711

Open to Public Inspection

Internal Revenue Service						5 1 11	
Name of the organization University of Chicago						Employer identification 36-2177139	cation number
Part I General Inform	ation on Grants	and Assistance				30-217/139	
Does the organization mai	ntain records to sub	stantiate the amount of				ee, and	
the selection criteria used							☑ Yes ☐ No
Describe in Part IV the orgPart II Grants and Other	•	_	_		rannization anguared "Vee	" on Form 000 Port IV lin	21 for any regimient
that received more	than \$5,000. Part II	can be duplicated if ad	ditional space is needed.	ents. Complete ii the o	rganization answered fes	on Form 990, Part IV, Illie	3 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sect	. , . ,	-					162
3 Enter total number of other							
For Paperwork Reduction Act Notice	ce, see the Instructio	NS IOF FORM 990.		Cat. No. 5005!) P	Scr	hedule I (Form 990) 2019

Schedule I (Form 990) 2019

(3)

(4)

(5)

(6)

(7)

Part IV

Return Reference

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation THE UNIVERSITY WILL PERFORM A RISK ASSESSMENT AT THE PROPOSAL STAGE BEFORE FUNDING IS APPROVED. UNIVERSITY DEPARTMENT ADMINISTRATORS AND Schedule I, Part I, Line 2 Procedures for monitoring use of THE PRINCIPAL INVESTIGATOR WILL REVIEW INVOICES AND CERTIFY AS TO ALLOWABILITY AND APPROPRIATENESS OF CHARGES. CENTRAL SPONSORED AWARD ACCOUNTING WILL ALSO PERFORM A REVIEW THAT THE EXPENDITURES FALL WITHIN THE CONTRACT AMOUNT AND PERIOD OF PERFORMANCE. grant funds.

Page 2

Additional Data

Advocate Health and Hospitals

3075 Highland Parkway Suite

Downers Grove, IL 60515

Albert Einstein College of

1300 Morris Park Avenue Bronx, NY 104611975

Corporation

600

Medicine

36-2169147

13-1624225

Software ID: 19010655 **Software Version:** 2019v5.0 **EIN:** 36-2177139

Name: University of Chicago

			. <i>-</i>			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) non-

(a) Name and address of	(D) ETIN	(c) IRC section	(a) Amount of cash	(e) Amount of non-	(1) Method of Valuatio
organization		if applicable	grant	cash	(book, FMV, appraisal
or government				assistance	other)

501 (C) (3)

501 (C) (3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Subaward

Subaward

g) Description of (h) Purpose of grant n-cash assistance or assistance

200,836

20,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Alfred I duPont Hospital for 59-1297267 501 (c) (3) 9.020 Subaward Children of the Nemours Fd 1600 Rockland Road Wilmington, DE 198033607 Alliance of Chicago Community 36-4444309 86.149 Subaward Health Services L3C 215 W Ohio Street 4th Floor

Chicago, IL 60654

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) American College of Radiology 36-2261602 501 (C) (3) 3.045.700 Subaward 1891 Preston White Drive Reston, VA 201914326 American Institutes for 25-0965219 501 (C) (3) 18.795 Subaward

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Research in the Behavioral

10 S Riverside Suite 600 Chicago, IL 60606

Sciences

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) Asian Human Services Family 01-0567661 501 (C) (3) 75,000 Subaward

Health Center 2424 W Peterson Avenue Chicago, IL 60659					
Associated Universities Inc	11-1630900	501 (C) (3)	17,798		Subaward

730

Washington, DC 200362252

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Association of Asian Pacific 94-3050247 501 (C) (3) 25.000 Subaward Community Health Organization 101 Callan Avenue Ste 400

107.814

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

San Leandro, CA 94577
Autonomous Therapeutics Inc

63 Flushing Ave BLDG 128 241 Brooklyn, NY 112051059

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Barrow Neurological Institute 86-0174371 501 (C) (3) 8.250 Subaward 350 West Thomas Road Suite 250

33.333

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

Phoenix, AZ 85013

Beloved Community Family

Wellness Center 6821 S Halsted Chicago, IL 606211833

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Beth Israel Deaconess Medical 04-2103881 501 (C) (3) 8.066 Subaward Center 330 Brookline Avenue

37.567

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Govt

Boston, MA 022155491

Board of Education of the City

42 West Madison Street Chicago, IL 606024309

of Chicago

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Boston University 04-2103547 501 (C) (3) 31,703 Subaward

595 Commonwealth Avenue Suite 700 Boston, MA 02215					
Brightstar Community Outreach Inc	26-2007088	501 (C) (3)	468,927		Subaward

4518 S Cottage Grove Avenue Chicago, IL 606534395

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) California Institute of 95-1643307 501 (C) (3) 273.566 Subaward Technology 1200 F California Boulevard

Pasadena. CA 911250001 95-6006691 501 (C) (3) 87.283 California State University Fullerton

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Fullerton, CA 928313547

Subaward 800 N State College Blvd

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 24 4040000 EQ4 (Q) (Q) 205 600

Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 441067037	34-1018992	501 (C) (3)	205,689		Subaward
Center for Health Care	22-3375015	501 (C) (3)	73,931		Subaward

Strategies Inc 200 American Metro Blvd Suite 119

Hamilton, NJ 08619

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Charles Drew University 95-6151774 501 (C) (3) 45,971 Subaward

1731 E 120th Street Los Angeles, CA 900593051					
Chicago Department of Public Health	36-6005820	Govt	25,144		Subaward

333 S State Street Room 200

Chicago, IL 60604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Chicago Family Health Center 36-2893854 501 (C) (3) 33,333 Subaward

9119 S Exchange Avenue Chicago, IL 60617					
Chicago House and Social Service Agency	36-3376432	501 (C) (3)	99,347		Subaward

1925 N Clybourn Suite 401 Chicago, IL 60614

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Chicago Hyde Park Village 90-0798416 501 (C) (3) 45.815 Subaward

5500 S Woodlawn Avenue Chicago, IL 606371621

20-1633375 501 (C) (3) OR GOV 318.351 Subaward

Chicago Police Department 3510 S Michigan Avenue Chicago, IL 60653

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government ard

Children's Hospital Boston 300 Longwood Avenue Boston, MA 02115	04-2774441	501 (C) (3)	36,390		Subawar
Children's Hospital Medical	31-0833936	501 (C) (3)	318,815		Subawar

Center (Cincinnati) 3333 Burnett Avenue Cincinnati, OH 46202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Children's Hannital of 22 1252166 EO1 (C) (3) 100 COE LC. Ibarra

Critici en S nospital of	23-1332100	301 (C) (3)	199,000		Joubawaid
Philadelphia					
3615 Civic Center Boulevard					
Philadelphia, PA 191044318					

501 (C) (3) OR GOV 24.691 Children's Hospital Boston 04-2774441 Subaward

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

300 Longwood Avenue Boston, MA 02115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government /ard

City University of New York	13-3860474	501 (C) (3)	62,977		Subawa
160 Convent Avenue					
New York, NY 10031					
4					

29.640

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Govt

Colorado State University

1872 Campus Delivery Fort Collins, CO 805236003

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 13-5598093 501 (C) (3) 193.289 Subaward Columbia University

615 W 135th Street New York, NY 10027

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Murphysboro, IL 62966

Community Action Place Inc 47-5193214 501 (C) (3) 178.251 Subaward 1400 N Wood Road Suite 7

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) ard

Community Health 2611 West Chicago Avenue	36-3831793	501 (C) (3)	51,379		Subawai
Chicago, IL 60622					

Ithaca, NY 14850

Cornell University 15-0532082 501 (C) (3) 272.664 Subaward 395 Pine Tree Road Suite 302

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CW Williams Community 56-1262479 EU1 (C) (3) 25 0001 Subaward

Dana Farber Cancer Institute	04-2263040	501 (C) (3)	61,301		Subaward
Health Center 3333 Wilkinson Blvd Charlotte, NC 28208	30 1202 170	301 (0)	23,000		Sabawara
CVV VVIIIIamis Community	JU-12U24/U	301 (0) (3)	23,000		Jupawaiu

44 Binney Street MS OS-385

Boston, MA 02115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Dartmouth College 11 Rope Ferry Road Hanover, NH 03755	02-0222111	501 (C) (3)	56,912		Subaward
Daylight Design LLC	81-3298835		1,491,681		Subaward

375 Alabama Street Ste 380 San Francisco, CA 94110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government award

8.100

De Paul University	36-2167048	501 (C) (3)	6,312		Subaw
1 East Jackson Boulevard					i
Chicago, IL 60604					i

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

Decatur Memorial Hospital

2300 North Edward Street Decatur, IL 62526

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Drevel University 23-1352630 501 (C) (3) 24 495 Subaward

3201 Arch Street STE 400 Philadelphia, PA 19104	23 2332030	301 (3)	21,153		Juban
Duke University 2200 West Main Street Suite	56-0532129	501 (C) (3)	322,702		Subaw

Durham, NC 27705

award 300

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7092731 501 (C) (3) 7.010 Subaward East Tennessee State University PO Box 70601

55.581

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

PO Box 70601 Johnson City, TN 376141708 Education Development Center Inc

43 Foundry Avenue Waltham, MA 02453

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government **Emory University** 58-0566256 501 (C) (3) 195.980 Subaward 1599 Clifton Road 3rd Floor Atlanta, GA 30322

793.015

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

Fellowship for Interpretation of Genomes

15 W 155 81st Street Burr Ridge, IL 60527

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Florida International University 23-7047106 501 (C) (3) 56.096 Subaward

11200 SW 8th Street Miami, FL 33199 Fraunhofer USA Inc. 38-3203030 117.962

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

College Park, MD 20740

Subaward 5825 University Research Ct 1300

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7156071 501 (C) (3) 69.246 Subaward Fred Hutchinson Cancer Research Center

58,333

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

1100 Fairview Avenue N PO Box 19024 Seattle, WA 981091024

800 E 55th Street Chicago, IL 60615

Friend Family Health Center

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) award

George Washington University	53-0196584	501 (C) (3)	9,651		Subav
44983 Knoll Square Bldg II					
Ashburn, VA 20147					

P O Box 3999 Atlanta, GA 30302

Georgia State University 58-6002050 Govt 101.001 Subaward

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) /ard

H Lee Moffitt Cancer Center	59-3238636	501 (C) (3)	45,000		Subawa
and Research Institute Hospital					
12902 Magnolia Drive					
Tampa, FL 33612					

667 Huntington Avenue Boston, MA 02115

Harvard University 04-2103580 501 (C) (3) 448.167 Subaward

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Health Research Inc- Roswell 14-1402155 501 (C) (3) 2.877.258 Subaward

70,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

Park Cancer	Institute
Riverview Ce	enter 150
Broadway	
Menands, NY	12204

Heartland Health Centers

3048 N Wilton Avenue Chicago, IL 60657

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Hektoen Institute for Medical 36-2244897 501 (C) (3) 328.327 Subaward

Research 2240 W Ogden Avenue 2nd Floor Chicago, IL 60612				

129,282

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

36-2894128

Howard Brown Health Center 4025 North Sheridan Road Chicago, IL 606132010

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) rd

IIT Research Institute	36-2169122	501 (C) (3) OR GOV	1,596,650		Subawar
10 W 35th Street					
Chicago, IL 606163799					

31.150

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

Illinois Cancer Care

8940 N Wood Sage Road Peoria, IL 616157822

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Illinois Criminal Justice 36-3956180 Govt 12.051 Subaward Information Authority

300 W Adams Street Suite 200 Chicago, IL 60606 Illinois Department of Public 01-0632628 501 (C) (3) OR GOV 37.168

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Subaward Health 535 West Jefferson Street Springfield, IL 62761

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 36-2170136 501 (C) (3) 606.366 Subaward Illinois Institute of Technology

3300 S Federal Street Main Blda 308 Chicago, IL 606163793 35-6001673 Govt 924.563 Subaward

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Indiana University Poplars 426 400 E 7th St Bloomington, IN 47405

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Innovations for Poverty Action 06-1660068 501 (C) (3) 347.052 Subaward (IPA)

298.364

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

101 Whitney Ave
New Haven, CT 06510

Institute for Medicaid
Innovation

1575 Eye St NW Ste 300 Washington, DC 20005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 1 Conta Manhau Inglibuta Ing E2 1042020 EO1 (C) (3) 022 000 I Cook a second

4120 Capricorn Lane La Jolla, CA 920373498	52-1642936	501 (C) (3)	088,688		Subaward
JBC Campaigns LLC 4009 N Kenmore Avenue Unit	46-3220421		108,682		Subaward

Chicago, IL 606132037

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government award

John Snow Inc 44 Farnsworth Street Boston, MA 022101211	04-2578580	27,500		Subaw

Baltimore, MD 21218

Johns Hopkins University 52-0595110 543.073 Subaward 501 (C) (3) 1101 E 33rd Street

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Kaiser Foundation Research 94-1105628 501 (C) (3) OR GOV 133,100 Subaward T. - - L. L. . L -

1800 Harrison Street 16th Floor Oakland, CA 946123433				
	, and the second			

Detroit, MI 482012013

501 (C) (3) 17,000 Subaward Karamanos Cancer Center 20-1649466 4100 John R MM00RA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government La Pahida Childron's Hospital 26-21701/2 EU1 (C) (3) 7 500 Subaward

6501 S Promontory Drive Chicago, IL 60649	30-21/0143	301 (0) (3)	7,500		Jubawa
Latino Policy Forum 180 N Michigan Avenue Suite	36-3676873	501 (C) (3)	20,000		Subawa

Chicago, IL 60609

ward 1250

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government والمراز والمستوان والمرام والمرازون 26 2200052 EO1 (C) (3) 22 222 Subaward

Lawndale Christian Health	30-3300933	JUL (C) (3)	33,333		Subaward
Center					
3860 W Ogden Avenue Chicago, IL 606232460					
Cilicago, IL 000232100					

820 N Michigan Avenue Chicago, IL 60611

Lovola University 36-1408475 501 (C) (3) 417.173 Subaward

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Lurie Children's Hospital dba 36-2170833 501 (C) (3) 109.909 Subaward Children's Memorial Hospital 2300 Childrens Plaza Box 268 Chicago, IL 60614 Massachusetts Institute of 04-2103594 501 (C) (3) 329.119 Subaward

Technology Suite NE49-4161

Cambridge, MA 02139

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Math Talk PBC 82-4434773 24.362 Subaward 99 Bishop Allen Drive Cambridge, MA 02139

154.114

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Mathematical Policy Research

Princeton, NJ 085432393

PO Box 2393

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government /ard

Mayo Clinic	41-6011702	501 (C) (3)	208,432		Subawai
200 First Street SW					
Rochester, MN 55905					

Milwaukee, WI 532260509

Medical College of Wisconsin 39-0806261 501 (C) (3) 84.878 Subaward 8701 Watertown Plank Road

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Medical Research Analytics and 45-3007467 501 (C) (3) 105,638 Subaward

Informatics Alliance				
20 North Wacker Drive - Suite				
1200				
Chicago, IL 60606				

170.701

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Govt

Michigan State University

301 Administration Blda East Lansing, MI 48917

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government National Girls Collaborative 47-1608990 501 (C) (3) 42.752 Subaward

4616 25th Aveneu NE 248 Seattle, WA 98105

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Washington, DC 203755328

Naval Research Laboratory 34-9990000 501 (C) (3) OR GOV 32,992 Subaward 4555 Overlook Avenue SW

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) ward

Neimand Collaborative	52-1806524	268,106		Subawa
1025 Vermont Avenue NW				
Suite 830				
Washington, DC 20005				

New York University 13-5562308 501 (C) (3) 402.898

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

726 Broadway New York, NY 10003

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government North Carolina State University 56-6049503 501 (C) (3) 49.273 Subaward NCSU Box 7207

73.307

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Govt

Raleigh, NC 27698

Northeastern Illinois University

5500 North St Louis Avenue Chicago, IL 60625

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Northern Illinois University 301 Lowden Hall De Kalb, IL 601152828	10-0064401	Govt	55,186		Subaward
Northshore University Health System	36-2167060	501 (C) (3)	477,709		Subaward

2650 Ridge Avenue - G221 Evanston, IL 60201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 36-2167817 501 (C) (3) 2.389.151 Subaward

Northwestern University 36-2167817 501 (C) (3) 2,389,151 Subaward 633 Clark Street Suite G-547 Evanston, IL 602081112

Ohio State University 31-6025986 Govt 111.245

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

901 Woody Hayes Drive Columbus, OH 432104016

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 24-6000376 Govt 28.963 Subaward Penn State University 513 Joab L Thomas Bldg

11.110

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

University Park, PA 16802
Planetary Science Institute

1700 E Fort Lowell Rd 106 Tucson, AZ 857192395

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Planned Parenthood Great 44-0565390 501 (C) (3) 42.556 Subaward Pains

4401 W 109th Street Suite 200 Overland Park, KS 662111303 Planned Parenthood League of 04-2698497 501 (C) (3) 33.249

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Boston, MA 02115

Subaward Massachusetts 1055 Commnewealth Avenue

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance grant cash or assistance or government assistance other) Planned Parenthood of Illinois 36-2170901 501 (C) (3) 26,667 Subaward

18 S Michigan Avenue 6th Floor Chicago, IL 60603					
Princeton University	21-0634501	501 (C) (3)	131,708		Subaward

5 New South Building PO Box 5292

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Princeton, NJ 085445292

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Purdue University 35-6002041 Govt 462.011 Subaward 302 Wood Street West Lafayette, IN 479072040 Rehabilitation Institute of 36-2256036 501 (C) (3) 14.491 Subaward

Chicago dba Shirley Ryan

Abilitylab 355 E Erie Street Chicago, IL 60611

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government EQ4 (Q) (Q) 40 474

402 Crofts Hall Buffalo, NY 142607016	14-1368361	501 (C) (3)	49,4/1		Subaward
Research Institute at Nationwide Children's Hospital	31-6056230	501 (C) (3)	11,015		Subaward

700 Childrens Drive Columbus, OH 432052664

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Rice University 6100 Main Street Houston, TX 77005	74-1109620	501 (C) (3)	265,115		Subaward
Rush University Medical Center 1700 West Van Buren Street	36-2174823	501 (C) (3)	1,607,243		Subaward

Room No Chicago, IL 60612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Rutgers University	22-6001086	Govt	271,567		Subaward
125 Paterson Street					
New Brunswick, NJ 089011962					
Schwab Rehabilitation Hospital and Care Network	36-2179802	501 (C) (3)	12,155		Subaward

1401 S California Avenue Chicago, IL 606081858

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 91-0564748 501 (C) (3) 204.578 Subaward Seattle Children's Hospital Research Institute

1900 Ninth Avenue JMB-10 Seattle, WA 981011309 Seattle Children's Research 91-0564748 501 (C) (3) 19.876 Subaward

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Institute 1900 Ninth Avenue MS C95-5

Seattle, WA 98101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 36-3166895 501 (C) (3) 169.597 Subaward Sinai Health System 1500 S California Avenue

38.400

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

Chicago, IL 606081797

Sloan-Kettering Institute for Cancer Research

1275 York Avenue New York, NY 10065

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 37-6005961 501 (C) (3) 585.019 Subaward Southern Illinois University 801 N Rutledge Street PO Box 19616

25.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

Springfield, IL 627949616

Southern Nevada Black Nurses
Association
PO Box 270586

Las Vegas, NV 89127

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government award

Stanford University 340 Panama Street	94-1156365	501 (C) (3)	505,965		Subav
Stanford, CA 94305					

113 Bowne Hall

Syracuse, NY 132441200

Syracuse University 15-0532081 501 (C) (3) 18.402 Subaward

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government award

Taking Effective Action Inc 16508 Old Central Avenue Bowie, MD 20716	27-1391577	501 (C) (3)	54,461		Subaward
TCA Health Inc	36-2743287	501 (C) (3)	33,333		Subaward

TCA Health Inc 1029 E 130th Street

Chicago, IL 60628

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government ard

Texas A&M University	74-2245072	501 (C) (3)	5,558		Subawai
401 George Bush Drive					
College Station, TX 77840					

32.827

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

The Broad Institute

Cambridge, MA 021421401

415 Main Street

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government The Geneva Foundation 91-1593913 501 (C) (3) 38.410 Subaward 917 Pacific Avenue Suite 600 Tacoma, WA 984024447

380,398

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

The Mind Research Network

1101 Yale Boulevard NE Albuquerque, NM 871064188

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) The School Board of Broward 59-6000530 Govt 170.221 Subaward County Florida ıue

46.618

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

County Horida
600 Southeast Third Aven
Fort Lauderdale, FL
333013125

04-2103634

Tufts University

161 College Avenue Medford, MA 02155

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

Tulane University 6823 Saint Charles Avenue New Orleans, LA 701185665	72-0423889	501 (C) (3)	38,627		Subaward
University of Alabama	63-6005996	501 (C) (3)	29,446		Subaward

University of Alabama 1530 3rd Avenue S AB 1170

Birmingham, AL 35294

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) University of Arizona 74-2652689 Govt 6.283 Subaward 888 N Euclid Room 510 Tucson, AZ 85722

888 N Euclid Room 510
Tucson, AZ 85722

University of CaliforniaBerkeley
2150 Shattuck Avenue Suite
300

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Berkeley, CA 947045940

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government University of California-Davis 94-6036494 Govt 83.455 Subaward One Shields Avenue Davis, CA 956168677

379,608

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Govt

University of California-Irvine

4255 Campus Drive Irvine, CA 90024

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) University of California-Los 95-6006143 Govt 357.265 Subaward

9500 Gilman Drive - Rm 3041 La Jolla, CA 920930660

Angeles 10920 Wilshire Boulevard Suite 1200 Los Angeles, CA 900241406					
University of California-San Diego	95-6006144	Govt	336,456		Subaward

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) University of California-San 94-6036493 Govt 232.161 Subaward Francisco 3333 California Street Suite 315

87,485

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Govt

San Francisco, CA 94118
University of Cincinnati

51 Goodman Drive Suite 530 Cincinnati, OH 452210222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government University of Colorado Denver 85-6000555 501 (C) (3) 93.430 Subaward 1800 Grant Street Suite 600 Denver, CO 80203

University of Colorado-Boulder 84-0644739 Govt 26,666 3100 Marine Street Room 479

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Boulder, CO 803031058

Subaward 572 UCB

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 06-0772160 Govt 59.248 Subaward University of Connecticut 438 Whitney Road Ext Unit 1133

Storrs, CT 06269 University of Florida 59-0974739 Govt 21.463 219 Grinter Hall PO Box

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Gainesville, FL 32611

Subaward 1003628

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 99-0085260 Govt 6.938 Subaward University of Hawaii 2440 Campus Road Box 268 Honolulu, HI 968222234

238,360

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Govt

University of Illinois-ChampaignUrbana

1901 S First St Suite A MC-685 Champaign, IL 618206242

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government University of Illinois-Chicago 37-6000511 Govt 2.239.229 Subaward enue

44.990

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Govt

Offiversity C	ii Illinois-Cilic
809 South I	Marshfield Ave
Chicago, IL	606127205

42-6004813

University of Iowa

201 Gilmore Hall Iowa City, IA 52242

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 52-6002033 Govt 1,212,116 Subaward

University of Maryland 3300 Metzerott Road Adelphi, MD 20783 University of Michigan 38-6006309 Govt 1,189,500 Subaward

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3003 S State Street Ann Arbor, MI 481091287

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

University of Minnesota 200 Oak Street SE Minneapolis, MN 55455	41-6007513	Govt	139,193		Subaward
University of New Mexico	85-6000642	501 (C) (3) OR Govt	33,928		Subaward

1 University of New Mexico Albuquerque, NM 87131

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government University of North Carolina 56-6001393 Govt 184.820 Subaward

104 Airport Drive CB1350 Chapel Hill, NC 275991350

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Notre Dame, IN 46556

University of Notre Dame 35-0868188 501 (C) (3) 77.895 Subaward 402 Grace Hall

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) University of Oklahoma Health 73-6017987 501 (C) (3) 164 440 Subaward

ornitorally of ordinariornia fredicti	, 0 001, 00,			100000
Sciences Center				
201 Stephenson Pkwy Ste				
3100				
Norman, OK 730199705				

5219 University of Oregon Eugene, OR 974035219

93-6015767 Govt 155,276 Subaward University of Oregon

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Subaward

University of Pennsylvania	23-1352685	501 (C) (3)	1/2,/54		Subaward
3451 Walnut St P-221 Franklin					1
Bldg					1
Philadelphia, PA 191046205					1

4,584,469

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

25-0965591

University of Pittsburgh

3100 Cathedral of Learning Pittsburgh, PA 15260

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) University of South Florida 59-3102112 Govt 9.640 Subaward 3702 Spectrum Blvd Suite 165 Tampa, FL 336129445

Tampa, FL 336129445

University of Southern 95-1642394 501 (C) (3) 523,458

California University Park Campus - STO 330

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Los Angeles, CA 900891147

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government University of Texas HSC at 74-1761309 Govt 356.726 Subaward

Houston 7000 Fannin UCT Suite 2514 Houston, TX 770305401		·		

101 E 27th STE 5300 Austin, TX 787121500

Subaward University of Texas Austin 07-9497681 Govt 141.4661

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government University of Utah 87-6000525 Govt 353.275 Subaward 201 Presidents Circle

Subaward

1,469,553

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

Salt Lake City, UT 84112 University of Virgnia

1001 Research Park Blvd Charlottesville, VA 22911 54-6001796

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

University of Washington 4333 Brooklyn Ave NE Box 359472 Seattle, WA 981959472	91-6001537	501 (C) (3)	279,674		Subaward
University of Wisconsin-	39-6006492	Govt	308,178		Subaward

Madison 21 North Park Street - Suite 6401 Madison, WI 537151218

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UT Southwestern Medical 75-2556007 501 (C) (3) 16,293 Subaward

Center 5323 Harry Hines Blvd Dallas, TX 753909020					
Vanderbilt University	62-0476822	501 (C) (3)	148,469		Subaward

3319 West End Avenue Suite 800

Nashville, TN 372036876

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 54-6001758 Govt 51.917 Subaward Virginia Commonwealth

Washington State University	91-1075542	501 (C) (3)	14,675		Subaward
University 800 East Leigh Street Suite 3200 Richmond, VA 232980568					

Washington State University 91-1075542 PO Box 641060

Pullman, WA 991641060

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 43-6053611 501 (C) (3) 343.248 Subaward Washington University 700 Rosedale Avenue Box

1034 St Louis, MO 631121408 West Side Institute for Science 36-3712391 501 (C) (3) 9.825

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Chicago, IL 606123728

Subaward & Education 820 S Damen Avenue 151

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Subaward

Worcester Polytechnic Institute	04-2121659	501 (C) (3)	12,560		Subaward
100 Institute Road					
Worcester, MA 01609					

14.804

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

Worry Free Community

1701 Bloomingdale Road Glendale Heights, IL 60139 47-4911621

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable arant cash non-cash assistance or assistance assistance other) or government

Yale University 06-0646973 501 (C) (3) 584,591 Subaward 155 Whitney Ave Suite 230

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

New Haven, CT 06520

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Dat	a -	DLN: 93	49313	20 43	711	
Sch	edule J	Con	npensati	ion Information	0	MB No.	1545-0	0047	
(For	n 990)	For certain Officers,							
		► Complete if the organ		ated Employees /ered "Yes" on Form 990, Part IV,	, line 23.	20)	
Б			▶ Attach	to Form 990. instructions and the latest inforn		Open (
•	tment of the Treasury al Revenue Service	P do to <u>www.ns.gov/1</u>	101111990	mistructions and the latest miori	nation.		ectio		
	ne of the organiza versity of Chicago	ation			Employer identifica	tion nu	ımber		
	reforey of efficage				36-2177139				
Pa	rt I Questi	ons Regarding Compensatio	n						
							Yes	No	
1a				f the following to or for a person lister y relevant information regarding thes					
		or charter travel	✓	Housing allowance or residence for	•				
		companions		Payments for business use of person					
		nification and gross-up payments arry spending account	✓	Health or social club dues or initiation Personal services (e.g., maid, chauf					
	Discretion	ary spending account	· ·	reisonal services (e.g., illaid, chadi	redit, cherj				
b				follow a written policy regarding pays ve? If "No," complete Part III to expla		1 b	Yes		
2				or allowing expenses incurred by all r, regarding the items checked on Lir	20 122	2	Yes		
	directors, truste	es, officers, including the CEO/Exec	duve Directo	r, regarding the items checked on the	e ia:				
3		if any, of the following the filing org EO/Executive Director. Check all th		ed to establish the compensation of th	ne				
				CEO/Executive Director, but explain i	n Part III.				
	✓ Compensa	ation committee	П	Written employment contract					
	_ '	ent compensation consultant							
	☐ Form 990	dependent compensation consultant ✓ Compensation survey or study ✓ Approval by the board or compensation committee							
4	During the year related organiza), Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a				
а	Receive a sever	ance payment or change-of-control	payment? .			4a		No	
b		r receive payment from, a supplem				4b	Yes		
C	•			nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and pr	ovide the app	plicable amounts for each item in Part	: III.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) or	ganizations	must complete lines 5-9.					
5			_	the organization pay or accrue any					
	compensation c	ontingent on the revenues of:							
а		1?				5a		No	
b		anization?				5b		No_	
6	•	·	line to did	the organization pay or accrue any					
Ü		ontingent on the net earnings of:	, ilile 1a, ulu	the organization pay of accide any					
a	-	1?				6a		No	
b						6b		No	
7	•	6a or 6b, describe in Part III.	line 15 did	the organization provide any nonfixed	4				
•	payments not d	escribed in lines 5 and 6? If "Yes,"	describe in Pa	rt III		7	Yes		
8				red pursuant to a contract that was	th				
				section 53.4958-4(a)(3)? If "Yes," de				NI.	
9						8		No	
9				presumption procedure described in		9			
For F	Panerwork Redu	ction Act Notice, see the Instru	ctions for Fo	orm 990. Cat. No. 5	0053T Schedule	(Form	990)	2019	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compen: 30. Part	sation fro VII.	om the organization	on row (i) and fro	m related organiza	tions, described i	n the		
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	tal amou	ınt of Fo	rm 990, Part VII, Se	ection A, line 1a, ap					
(A) Name and Title	((B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in	
	(i) comp	Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table									
	_								
	+-								

Schedule J (Form 990) 2019

Schedule J. Part I. Line 1a First-class UNDER WRITTEN UNIVERSITY POLICY, FIRST CLASS AIR TRAVEL IS ONLY ALLOWED WHEN APPROVED IN ADVANCE BY A DEAN, VICE-PRESIDENT OR THE or charter travel PROVOST. FOUR OFFICERS WERE APPROVED FOR FIRST CLASS TRAVEL IN ACCORDANCE WITH THIS POLICY. NONE OF THE BUSINESS TRIPS WERE DEEMED TAXABLE COMPENSATION.

Schedule J. Part I. Line 1a Travel for UNDER WRITTEN UNIVERSITY POLICY, TRAVEL FOR COMPANIONS MUST BE PRE-APPROVED BY THE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER AND WILL ONLY BE APPROVED WHEN THE COMPANION TRAVEL SERVES A BONA FIDE BUSINESS PURPOSE. ONE OFFICER HAS COMPANION TRAVEL APPROVED IN companions ACCORDANCE WITH THIS POLICY. THE COST OF THE COMPANION TRAVEL WAS NOT DEEMED TAXABLE COMPENSATION.

Schedule J. Part I. Line 1a Tax INDIVIDUALS MAY HAVE CERTAIN PAYMENTS GROSSED UP AT THE DISCRETION OF HEADS OF DEPARTMENTS, OFFICERS OR THE BOARD OF THE UNIVERSITY. indemnification and gross-up payments (PART 1A & 1B AND PART II, COLUMN D FOR ROBERT J. ZIMMER). HOUSING ALLOWANCES ARE ONLY PERMITTED IF PRE-APPROVED BY THE PROVOST'S OFFICE Schedule J, Part I, Line 1a Housing allowance or residence for personal use OR UNIVERSITY HUMAN RESOURCES. ONE OFFICER RECEIVED A HOUSING ALLOWANCE WHICH WAS INCLUDED IN THE INDIVIDUAL'S TAXABLE COMPENSATION. OF THE AMOUNT IN COLUMN D FOR ROBERT J. ZIMMER, \$157.896 REPRESENTS THE VALUE OF THE UNIVERSITY OWNED HOUSING PROVIDED TO THE

PRESIDENT, WHICH IS NOT DEEMED A TAXABLE BENEFIT. Schedule J, Part I, Line 1a Health or UNDER WRITTEN UNIVERSITY POLICY, SOCIAL AND HEALTH CLUB DUES ARE REIMBURSABLE ONLY IF THE BENEFITS OF THE MEMBERSHIP SUPPORT THE social club dues or initiation fees UNIVERSITY'S MISSION AND ONLY IF THE REIMBURSEMENT IS APPROVED BY A DEAN, VICE PRESIDENT, PROVOST OR PRESIDENT OF THE UNIVERSITY. ANY PORTION OF THE DUES NOT USED FOR BUSINESS PURPOSES IS CONSIDERED TAXABLE COMPENSATION. OFFICER OF THE UNIVERSITY MAINTAIN MEMBERSHIP IN THE OUADRANGLE CLUB. A RELATED ORGANIZATION THAT OPERATES A FACULTY CLUB ON THE CAMPUS OF THE UNIVERSITY FOR PURPOSES OF CONDUCTING

Page 3

Schedule J (Form 990) 2019

MEETINGS AND OTHER UNIVERSITY BUSINESS. THE UNIVERSITY REIMBURSES OFFICERS FOR THESE DUES AND THE REIMBURSEMENT IS NOT DEFMED TAXABLE COMPENSATION. IN ADDITION THREE OFFICERS HAD SOCIAL CLUB DUES REIMBURSED BY THE UNIVERSITY FOR BUSINESS PURPOSES AND THE REIMBURSEMENT WAS NOT DEEMED TAXABLE COMPENSATION.

Schedule J. Part I. Line 1a Personal THE UNIVERSITY PROVIDE FOR THE MAINTENANCE AND CLEANING OF THE UNIVERSITY OWNED HOUSE PROVIDED TO THE PRESIDENT. THESE SERVICES WERE

NOT DEEMED A TAXABLE BENEFIT.

services Schedule J. Part I. Line 7 Non-fixed

INVESTMENT OFFICE PERSONNEL PARTICIPATE IN AN INCENTIVE COMPENSATION PROGRAM BASED ON PERFORMANCE AND QUALITATIVE MEASUREMENTS. payments

Software ID: 19010655 **Software Version:** 2019v5.0

EIN: 36-2177139

Name: University of Chicago

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(A) Name and Title		(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MIS	C compensation (iii)	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)		
		(i) base compensation	Bonus & incentive compensation	Other reportable compensation	compensation		, , , ,	reported as deferred on prior Form 990		
1ROBERT J ZIMMER	(i)	1,392,855	·	216,110	601,300	179,261	2,457,634	0		
PRESIDENT	(ii)	0	0	0	0	0	0	0		
1MARK A SCHMID	(i)	772,838	1,661,693	13,748	794,400	31,797	3,274,476	740,000		
VP AND CHIEF INVEST. OFFICER	(ii)	0		0	0	0	0			
2KENNETH S POLONSKY	(i)	1,528,077	811,750	365,603	22,400	23,530	2,751,360	0		
EXEC. VP MEDICAL AFFAIRS		0			359,800		359,800			
3DANIEL DIERMEIER	(i)	912,498	92,500	314,599	72,400	33,621	1,425,618	250,000		
PROVOST	(ii)				72,400		1,423,010			
4KIMBERLY TAYLOR	(i)	716,321	70,000	25,830	22,400	29,799	864,350	0		
VP & GENERAL COUNSEL	(ii)			25,630		29,799				
5DAVID B FITHIAN	(i)	737,685	72,500	8,537	22,400	19,364	860,486	0		
EXECUTIVE VICE	(ii)		72,300			19,304				
PRESIDENT 6JAMES G NONDORF	(i)	707,383	U	0	0	0	0	0		
VP ENROLL. & STUDENT		707,383	68,500	6,460	22,400	11,013	815,756	0		
ADV.	(ii)	0	0	0	0	0	0	0		
7SHARON MARINE	(i)	721,814	36,550	5,113	22,400	15,336	801,213	0		
VP ALUMNI RELATIONS & DEVL.	(ii)	0	0	0	0	0	0	0		
8 BALAJI SRINIVASAN	(i)	623,159	57,500	46,811	22,400	35,460	785,330	0		
VP GLOBAL ENGAGEMENT	(ii)	0	0	0	0	0	0	0		
9IVAN SAMSTEIN	(i)	593,070	88,050	2,396	22,400	31,792	737,708	0		
VP & CFO	(ii)	0	0	0	0	0	0	0		
10 JUAN DE PABLO	(i)	462,683	156,177	15,828	22,400	76,153	733,241	0		
VP FOR NATIONAL LABORATORIES	(ii)	0	0	0	0	0	0	0		
11DEREK DOUGLAS	(i)	584,438	87,500	4,307	22,400	26,052	724,697	0		
VP CIVIC ENGAGEMENT	(ii)	0								
12PAUL RAND	(i)	459,599	46,000	52,834	0	12,901	571,334	0		
VP COMMUNICATIONS	(ii)	0								
13	(i)	394,910	38,500	2,238	22,400	31,204	489,252	0		
CATHERINE CALLOW- WRIGHT	(ii)									
VP & SECRETARY OF THE	()	J	0	U	U	U	U			
UNIVERSITY 14MICHELE RASMUSSEN	(i)	343,864	33,000	2,225	22,400	7,066	408,555	0		
DEAN OF STUDENTS	(ii)	0								
15 KA YEE LEE	(i)	336,271	33,333	0	22,400	101,321	493,325	0		
PROVOST	(ii)	0								
16DARREN REISBERG	(i)	203,219	81,212	5,689	19,799	6,562	316,481	0		
VP STRATEGIC INITIATIVES										
17LORI BERKO	(i)	174,736	4,167	0	14,497	6,808	200,208	0		
Secretary			4,10/				200,208			
18MADHAV RAJAN	(ii) (i)	829,875	122.003	04.700	0	0	1 060 147	0		
DEAN BOOTH SCHOOL OF		025,075	122,063	94,788	22,400	21	1,069,147			
BUSINESS 19JOANNA RUPP	(ii) (i)	498,099	0	0	0	0	0	0		
Managina Dinastas Deiveta		490,099	880,083	0	452,182 	31,784	1,862,148	409,316		
Equity	(ii)	0	0	0	0	0	0	0		

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D) column (B) (i) Base Compensation (iii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation 1,555,064 22,400 19,383 250,000 1,846,847 VALLUVAN JEEVANANDAM |(ii)| CHIEF CARDIAC & THORACIC SURG.

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1,206,366

78.855

307,479

280,063

CHIEF OPERATING OFFICER (ii)

(ii)

(i)

|(ii)|

3MICHAEL EDELSON

Chief Risk Officer -

Investment Office

4JOHN R KROLL

AVP FINANCE

CRSP

1LUCA VRICELLA	(i)	1,487,765	150,000	35,280	22,400	33,354	1,775,599	0
Professor of Surgery	(ii)	0	0	0	0	0	0	0
2DAVID BARCLAY	(i)	225,012	1.433.077	0	22.400	34.284	1.714.773	0

11,292

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22.400

7,489

16,388

1,543,734

408,998

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Are there any lease arrangements that may result in private business use of bond-financed

Schedule K

(Form 990)

Department of the Treasury Internal Revenue Service

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Supplemental Information on Tax-Exempt Bonds

explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

OMB No. 1545-0047

DLN: 93493132043711

Open to Public

Name of the organization **Employer identification number** University of Chicago 36-2177139 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No IEFA 50000000 ADJ RATE REV 52-1297563 4520017E4 08-28-2003 50,000,000 SEE SUPPLEMENTAL INFORMATION Χ Χ Χ **BONDS SERIES 2003B** IFA 100000000 REVENUE 86-1091967 11-10-2004 100,000,000 SEE SUPPLEMENTAL INFORMATION Χ Χ 45200BHH4 **BONDS SERIES 2004B** IFA 80000000 ADJ RATE REV 86-1091967 45200BJG4 11-30-2004 80,000,000 SEE SUPPLEMENTAL INFORMATION Χ Χ Χ REFUND BONDS 2004C IFA 123604000 ADJ RATE 86-1091967 45200FEG0 04-03-2008 123,604,000 SEE SUPPLEMENTAL INFORMATION Χ **DEMAND REV SERIES 2008** Part ${f I}$ **Proceeds** C D 18,650,000 33,124,000 3,183,000 32,822,000 2 Total proceeds of issue. 3 50,141,933 102,437,189 80,000,000 123,604,000 4 5 6 274,223 469,999 463,838 752,575 8 9 10 49,867,710 101,967,190 11 79,536,162 122,851,425 12 13 2006 2010 2006 2004 Yes Yes No Yes Yes No No No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ Χ **Private Business Use** Part 🎹 Yes Yes No Yes No No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Χ

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Cat. No. 50193E

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Schedule K (Form 990) 2019

Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Private Business Use (Continued)

Exception to rebate?

hedge with respect to the bond issue?

Was the hedge superintegrated?

Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2019

Part III

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Part IV

b

C

Arbitrage

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MERRIL LYNCH CAPITAL

Schedule K (Form 990) 2019

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Name of provider

Schedule K (Form 990) 2019

(GIC)?

Part V

LINE 3

Yes

Page 3

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D	Marine of provider 1			l
С	Term of GIC			Ī
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			
6	Were any gross proceeds invested beyond an available temporary period?		X	I
7	Has the organization established written procedures to monitor the requirements of section 148?	Х		Ī

Were gross proceeds invested in a guaranteed investment contract

Procedures To Undertake Corrective Action

OF \$482,872.

Yes

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Explanation SERIES 2003B: THE DIFFERENCE BETWEEN THE ISSUE PRICE AND TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS OF \$141,933. SERIES 2004B: THE DIFFERENCE BETWEEN THE ISSUE PRICE AND TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS OF \$2,437,189. SERIES 2012A: THE DIFFERENCE BETWEEN THE ISSUE PRICE AND TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS OF \$8,068.

SERIES 2013A: THE DIFFERENCE BETWEEN THE ISSUE PRICE AND TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS OF \$4,887. SERIES 2014A: THE DIFFERENCE BETWEEN THE ISSUE PRICE AND THE TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS OF \$3,893.

SERIES 2015A: THE DIFFERENCE BETWEEN THE ISSUE PRICE AND THE TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS OF \$248.055. SERIES 2018A: THE DIFFERENCE BETWEEN THE ISSUE PRICE AND THE TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS

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Yes

Yes

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Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instruc Part VI Return Reference Schedule K. Part II, Line 3 PART II,

Return Reference	Explanation
Schedule K, Part II, Line 11 PART II, LINE 11	SERIES 2004B: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW. SERIES 2012B: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW. SERIES 2013A: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW. SERIES 2014A: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW. SERIES 2015A: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW. SERIES 2018A: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW.

Return Reference	Explanation
Schedule K, Part I, Column (f) DESCRIPTION OF PURPOSE	\$50,000,000 ILLINOIS EDUCATIONAL FACILITIES AUTHORITY ADJUSTABLE RATE REVENUE BONDS, THE U NIVERSITY OF CHICAGO, SERIES 2003B, (F) DESCRIPTION OF PURPOSE TO FINANCE, REFINANCE OR RE IMBURSE THE UNIVERSITY FOR COSTS OF THE ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPIN G OF CERTAIN OF ITS EDUCATIONAL FACILITIES, INCLUDING A NEW GRADUATE SCHOOL OF BUSINESS BU ILDING, A NEW INTERDIVISIONAL RESEARCH BUILDING AND A NEW ATHLETICS AND RECREATION CENTER, AND PAY CERTAIN COSTS OF ISSUANCE, \$100,000,000 ILLINDIS FINANCE AUTHORITY ADJUSTABLE RAT E REVENUE BONDS, THE UNIVERSITY OF CHICAGO, SERIES 2004B, (F) DESCRIPTION OF PURPOSE TO FI NANCE, REFINANCE AND REIMBURSE THE UNIVERSITY FOR COSTS OF THE ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF CERTAIN OF ITS EDUCATIONAL FACILITIES, INCLUDING THE NEW GRADU ATE SCHOOL OF BUSINESS, A NEW RESEARCH BUILDING, A NEW INTERDIVISIONAL RESEARCH BUILDING, AND NEW RESIDENCE HALLS, AND CERTAIN COSTS OF ISSUANCE. \$80,000,000 ILLINOIS FINANCE AUTHORITY ADJUSTABLE RATE REVENUE REFUNDING BONDS, THE UNIVERSITY'S SERIES 2004B, (F) DESCRIPTION OF PURPOSE TO ADVANCE REFUND \$70,965,000 OF THE UNIVERSITY'S SERIES 2001A BON DS, AND PAY CERTAIN COSTS OF ISSUANCE. \$123,604,000 ILLINOIS FINANCE AUTHORITY ADJUSTABLE RATE REVENUE REFUND \$70,965,000 OF THE UNIVERSITY'S SERIES 2001A BON DS, AND PAY CERTAIN COSTS OF ISSUANCE. \$123,604,000 ILLINOIS FINANCE AUTHORITY ADJUSTABLE RATE REVENUE BONDS, THE UNIVERSITY OF CHICAGO, SERIES 2008, (F) DESCRIPTION OF PURPOSE TO CURRENTLY REFUND THE UNIVERSITY'S SERIES 1998A BONDS, AND (B) PAY CERTAIN COSTS OF ISSUANCE E. \$369,570,000 ILLINOIS FINANCE AUTHORITY REVENUE BONDS, THE UNIVERSITY OF CHICAGO, SERIES 2012A, (F) DESCRIPTION OF PURPOSE TO FINANCE, REFINANCE AND REIMBURSE THE UNIVERSITY FOR ALL OR A PORTION OF THE COSTS OF ACQUISITION, RENOVATION, IMPROVEMENT AND E QUIPPING OF CERTAIN OF ITS EDUCATIONAL FACILITIES, INCLUDING THE WILLIAM ECKHARDT RESEARCH CENTER, THE LABORATORY SCHOOLS, THE MULTIPURPOSE ECONOMICS RESEARCH BUILDING, AND VARIOUS OTHER ADM

Return Reference	Explanation
Schedule K, Part I, Column (f) DESCRIPTION OF PURPOSE	ON, RENOVATION, IMPROVEMENT AND EQUIPPING OF CERTAIN EDUCATIONAL FACILITIES, REFUND THE SE RIES 2009 ISSUE, PAY CERTAIN COSTS RELATING TO THE ISSUE OF THE SERIES 2014A BONDS AND ADV ANCED REFUNDING OF THE 2009 ISSUE. \$415,825,000 ILLINOIS FINANCE AUTHORITY REVENUE BONDS, THE UNIVERSITY OF CHICAGO, SERIES 2015A, (F) DESCRIPTION OF PURPOSE: TO FINANCE, REFINANCE AND REIMBURSE THE UNIVERSITY FOR ALL OR A PORTION OF THE COSTS OF ACQUISITION, CONSTRUCTI ON, RENOVATION, IMPROVEMENT AND EQUIPPING OF CERTAIN EDUCATIONAL FACILITIES, REFUND THE SE RIES 2007 ISSUE, PAY CERTAIN COSTS OF ISSUANCE. \$114,705.000 ILLINOIS FINANCE AUTHORITY RE VENUE BONDS, THE UNIVERSITY OF CHICAGO, SERIES 2018A, (F) DESCRIPTION OF PURPOSE: TO FINAN CE, REFINANCE, AND REIMBURSE THE UNIVERSITY FOR ALL OR A PORTION OF THE COSTS OF ACQUISITI ON, CONSTRUCTION, RENOVATION, IMPROVEMENT AND EQUIPPING OF CERTAIN EDUCATIONAL FACILITIES, REFINANCING THE COMMERCIAL PAPER NOTES ISSUED TO REDEEM THE SERIES 2001B-3 ISSUE, AND PAY CERTAIN COSTS OF ISSUANCE. \$164,555,000 ILLINOIS FINANCE AUTHORITY REVENUE BONDS, THE UNI VERSITY OF CHICAGO, SERIES 2020A, (F) DESCRIPTION OF PURPOSE: TO FINANCE, REFINANCE, AND R EIMBURSE THE UNIVERSITY FOR ALL OR A PORTION OF THE COSTS OF ACQUISITION, CONSTRUCTION, RE NOVATION, IMPROVEMENT AND EQUIPPING OF CERTAIN EDUCATIONAL FACILITIES, REFINANCING THE COM MERCIAL PAPER NOTES ISSUED TO REDEEM THE SERIES 2001B-1 AND SERIES 2001B-2 ISSUE, AND PAY CERTAIN COSTS OF ISSUANCE.

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Return Reference	Explanation
Schedule K, Part III, Line 6	THE AMOUNT OF NON QUALIFIED USE FROM LEASES, MANAGEMENT CONTRACTS, AND/OR RESEARCH AGREEMENTS
PART III, LINE 6, COLUMNS	IS LESS THAN THE EQUITY CONTRIBUTION OF THE UNIVERSITY FOR THE IMPACTED PROJECTS AND THEREFORE
A,B,C,&D	RESULTS IN NO PRIVATE BUSINESS USE FOR THE ISSUE

Return Reference	Explanation
	Issuer name: IEFA 50,000,000 ADJ RATE REV BONDS SERIES 2003B The calculation for computing no rebate due was performed on 04/02/2009

Return Reference	Explanation
	Issuer name: IFA 100,000,000 REVENUE BONDS SERIES 2004B The calculation for computing no rebate due was performed on 12/22/2009

Return Reference	Explanation
, ,	Issuer name: IFA 80,000,000 ADJ RATE REV REFUND BONDS 2004C The calculation for computing no rebate due was performed on 12/22/2011

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Return Reference	Explanation
, ,	Issuer name: IFA 123,604,000 ADJ RATE DEMAND REV SERIES 2008 The calculation for computing no rebate due was performed on 03/26/2013

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Return Reference	Explanation
, ,	Issuer name: IFA 369,570,000 REVENUE BONDS SERIES 2012A The calculation for computing no rebate due was performed on 01/31/2017

Return Reference	Explanation
, ,	Issuer name: IFA 149,090,000 REVENUE BONDS SERIES 2013A The calculation for computing no rebate due was performed on 03/01/2018

Return Reference	Explanation				
	Issuer name: IFA 573,645,000 REVENUE BONDS SERIES 2014A The calculation for computing no rebate due was performed on 08/29/2019				

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Schedule K

(Form 990)

Department of the Treasury

Internal Revenue Service

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

DLN: 93493132043711

OMB No. 1545-0047

Inspection

Name of the organization University of Chicago						Employer identification number 36-2177139										
Pa	rt I Bond Issues															-
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	orice	(f) Description of purpose		(g	(g) Defeased		(h) On behalf of issuer		(i) Pool financing		
										Y	/es	No	Yes	No	Yes	No
Α	IFA 369570000 REVENUE BONDS SERIES 2012A	86-1091967	42503HFF4	02-02-2012	421,0	65,981	SEE SUPPLEMENTAL INFORMATION			ION		Х		Х		Х
В	IFA 149090000 REVENUE BONDS SERIES 2013A	86-1091967	45203HRE4	05-15-2013	159,7	66,350	SEE SUPPLEMENTAL INFORMATION			ION		Х		Х		Х
С	IFA 573645000 REVENUE BONDS SERIES 2014A	86-1091967	45203HB68	08-12-2014	644,5	09,246	SEE SUPPLEMENTAL INFORMATION		ION		Х		Х		Х	
D	IFA 415825000 REVENUE BONDS SERIES 2015A	86-1091967	45203H3H3	09-10-2015	452,0	70,011	SEE SUPPLEMENTAL INFORMATION		ION		Х		Х		Х	
Pa	rt II Proceeds	1					<u> </u>									
					/	A		1	3		С				D	
1	Amount of bonds retired					35,140	0,000		2,420,000		14,625,000			5,605,000		
2	Amount of bonds legally defeased					52,605	5,000									
3	3 Total proceeds of issue					421,074	74,049 159,771,237			644,513,13			39 452,318,0			
4	4 Gross proceeds in reserve funds															
5	Capitalized interest from procee	eds														
6	Proceeds in refunding escrows															
7	7 Issuance costs from proceeds					1,982	1,982,388 1,179,561			2,131,8		391 1,5		522,422		
8	Credit enhancement from proce	eeds														
9	Working capital expenditures fr	om proceeds														
10	Capital expenditures from proceeds			150,009,360		0 100,004,887			175,008,5		593	593 200,331,641				
11	1 Other spent proceeds				269,082,300 58,586,78		58,586,789	469,372,6			655	55 250,464,004				
12	Other unspent proceeds															
13	Year of substantial completion .				20)13		2014			2015			2017		
					Yes	No	<u> </u>	Yes	No	Yes		No		Yes		No
14	Were the bonds issued as part bonds (or, if issued prior to 201	18, a current refundin	g issue)?	t 		Х		Χ				Х				X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?			Х			Χ		Х				Χ			
16	6 Has the final allocation of proceeds been made?			Х			Χ		Х				Χ			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				х			Х		Х				Х		
Pa	rt III Private Business Us	se														
					A			В			C			D		
1	Was the organization a partner financed by tax-exempt bonds?	in a partnership, or a	member of an LLC,	which owned property	Yes	X		Yes	No X	Yes	$\frac{1}{2}$	No X		Yes		No X
					 	 					-		-		-	

Are there any lease arrangements that may result in private business use of bond-financed

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Schedule K (Form 990) 2019

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Part IV

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Page 2

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Schedule K (Form 990) 2019

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Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Exception to rebate?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2019

(GIC)?

period?

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

requirements of section 148? . . .

	Α		
	Yes	No	
Were gross proceeds invested in a guaranteed investment contract		V	

No

Yes

Yes

No

No

Yes

Χ

В

No

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Yes

Χ

Page 3

No

D

D

No

Yes

Yes

Χ

Nο

DLN: 93493132043711 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Department of the Treasury Open to Public Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** University of Chicago 36-2177139 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf of issuer Yes No Yes No IFA 114705000 REVENUE 128,797,725 SEE SUPPLEMENTAL INFORMATION Х Х 86-1091967 45204ED70 03-07-2018 **BONDS SERIES 2018A** Χ IFA 164555000 REVENUE 86-1091967 45204FAE5 03-11-2020 185,813,537 | SEE SUPPLEMENTAL INFORMATION Χ **BONDS SERIES 2020A**

(i) Pool financing Yes No Х Part ${f II}$ **Proceeds** Α В C D 2 3 129,280,597 185,813,537 5 6 7 842,147 737,910 8 9

10 56,173,450 11 72,265,000 184,915,000 12 18,032 13 2019 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ bonds (or, if issued prior to 2018, a current refunding issue)? Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Has the final allocation of proceeds been made? Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of Х **Private Business Use** Part III C Α D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed 2 Χ Χ Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2019

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

No

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

В

No

0 %

0.1 %

0.1 %

Yes

C

No

Χ

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Yes

Χ

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No

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0.2 %

В

Yes

Χ

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Yes

Х

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Χ

Νo

Χ

Χ

Χ

Χ

Χ

Α

Yes

Х

C

No

Yes

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Exception to rebate?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2019

(GIC)?

period?

Arbitrage (Continued)

requirements of section 148? . . .

	A			
	Yes	No	Ī	
oss proceeds invested in a guaranteed investment contract		X		

Yes

No

Yes

No

No

Yes

Nο

В

No

Yes

Yes

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Page 3

No

D

D

No

Yes

Yes

efile GRAPHI	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493132043711												
Schedule L Transactions with Interested Persons							0	OMB No. 1545-0047					
(Form 990 or 990)-EZ) ► Comple						990, Part IV, li	_	5a. 2	25b. 26	5.	20	10
			, 28b,	or 28c, o	r Form 9	90-EZ, Part V	/, line 38a or 4		•	,		20	19
Department of the Tre		Go to www.				00 or Form 99	90-EZ. I the latest inf	orma	tion)nen to	Public
nternal Revenue Serv	,	40 to <u>100000.</u>	ii s.yov	<u>/ 1 0111199</u>	<u>0</u> 101 1115	ci uccions and	a the latest lill	Ullila	tioii.				ction
Name of the org	anization							Er	nplo	er ide	entifica	ition nu	
University of Chica	go												
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	ss Benefit Tra lete if the organiz												
) Name of disqual		eu res				alified person an			escript			Corrected?
1 (4	, manne or aloqual	med person		(D) Itela		organization	amica person an	<u>" </u>	` '	ansacti		Ye	
								+				+	
								1					
2 Enter the ar	mount of tax incu	red by the or	rganizat	ion mana	gers or dis	squalified pers	ons during the	/earι	ınder	section	n		
4958										_	\$		
3 Enter the a	mount of tax, if ar	ny, on line 2,	above,	reimburse	ed by the	organization .		•			\$		
Part II Loa	ans to and/or	Erom Inte	rested	Dorson									
	nplete if the organ					Z. Part V. line	38a. or Form 99	0. Pai	rt IV.	line 26	: or if	the orga	nization
	orted an amount o							-,	,		,		
(a) Name of	(b) Relationship			oan to or		(e) Original	(f) Balance		In .		h)		Written
nterested person	with organization	Purpose of loan	'	organizati	on?	principal amount	due	defa	ult?	Appro	ved by rd or	agr	eement?
		IUali				annount					nittee?		
			To)	From	1		Yes	No	Yes	No	Yes	No
(1)	KEY EMPL				X	1,250,000	1,250,000		No	Yes		Yes	
MADHAV RAJAN													
(2)	OFFICER					100,000	20,000		ļ.,			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(2) JUAN DE PABLO	OFFICER				X	100,000	30,000		No	Yes		Yes	
CAN DE LABEO													
Fotal .					1	\$	1,280,000			•	•		
Part IIII Gra	nts or Assista	nce Benefi	iting I	ntereste	ed Perso	ns.		•					
	nplete if the org						, line 27.						
(a) Name of inter	rested person (l) Relationshi	ip betwe	een (c) Amount	of assistance	(d) Type o	f assi	stanc	e	(e) Pu	rpose of	assistance
	in	terested pers		the									
		organiza	tion										
							I			- 1			

	ons Involving Interested Pe ization answered "Yes" on Forr		Ba, 28b, or 28c.		
(a) Name of interested persor	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Part V Supplemental Inform Provide additional inform	mation ation for responses to questions or	n Schedule L (see instruc	tions).		
Return Reference		Explana	tion		
Schedule L, Part IV PART IV	JAMES S. CROWN, A TRUSTEE O	F THE UNIVERSITY, AND	HIS FAMILY OWN AN INDIRECT INT	EREST IN	1

		person and the organization			organiz reven	
					Yes	No
Part V Supplemental Inform		responses to questions on	ı Schedule L (see instructi	ons).		
Return Reference			Explanati	on		
Schedule L, Part IV PART IV	TISHMA OFFICE THE LEA WAS CO IN RENT UNIVER BETWEE CONCLL RENT, T Kohler, compan outcome Chicago the Univ tax year served as THE CHI UNIVER \$1,477, JUNE 30 OF THE PORTIO CONNEC YOVOVI CAPITAL ENDOW UNIVER WIFE OIL AS A PR CALEND KENNET	N SPEYER CROWN EQUIT BUILDING IN WASHINGT ASE BETWEEN THE UNIVE DINCLUDED ON FAIR MARKET, TAXES AND EXPENSES SITY ALSO LEASES OFFICEN THE UNIVERSITY AND JUDED ON FAIR MARKET TO THE UNIVERSITY OF THE UNIVERSITY OF THE UNIVERSITY HAS INVESTED A PRIVATE OF THE UNIVERSITY HAS INVESTED A PRIVATE OF THE UNIVERSITY OF THE UNIVERSITY OF THE UNIVERSITY SINVESTED THE UNIVERSITY SINVESTMENT FOR THE UNIVERSITY SINVESTMENT FOR THE UNIVERSITY SINVESTMENT FOR THE UNIVERSITY OF CHOPESSOR OF CLASSICS. WAR YEAR 2019 IN CONNECT OF THE UNIVERSITY OF CHOPESSOR OF CLASSICS.	TIES, LLC (TISHMAN SPEYION D.C. IN WHICH THE URSITY AND TISHMAN SPEYION D.C. IN WHICH THE URSITY AND TISHMAN SPEXION THE WORK, IN THE WORK, IN TISHMAN SPEYER WAS NERMS. THE UNIVERSITY P.R. THIS PROPERTY DURING, IN THE WORK, IN CEON AND THE WORK, IN CEON AND THE WORK THE WO	IIS FAMILY OWN AN INDIRECT INTERN, WHICH THROUGH A SUBSIDIAN WHICH THROUGH A SUBSIDIAN INVERSITY OF CHICAGO LEASES OF A SUBSIDIAN INVERSITY OF CHICAGO LEASES OF A SUBSIDIAN INVERSITY OF CHICAGO LEASES OF A SUBSIDIAN INTERNATION OF A SUBSIDIAN IN A SUBSIDIAN	RY OWNS FFICE SP FNGTH A L OF \$23 , 7 HE LEF WAS \$394,17; 020. Rac , a healt wrove hea Jniversit a Trustee irm. For ficer of W hool of INTHE ELY AR ENDE AND CO- TED A I FEES IN 20. PAUL IF LAKE OF ITS WITH TH MER, THI E UNIVEF 1,844 FOI JGHTER PLOYED I	S AN ACE. ND 5,595 THE 7 IN thele 1 of the 7 Y, IS CEO 1 E 2 S THE 2 OF 3 Y

THE UNIVERSITY AS AN ASSOCIATE PROFESSOR IN THE DEPARTMENT OF MEDICINE. DR. POLONSKY WAS PAID \$315,106 FOR THE CALENDAR YEAR 2019 IN CONNECTION WITH HER EMPLOYMENT. ARIELA LAZAR, THE WIFE OF THE FORMER UNIVERSITY OF CHICAGO PROVOST, DANIEL DIERMEIER, IS EMPLOYED BY THE UNIVERSITY AS A LECTURER IN THE UNIVERSITY'S DEPARTMENT OF PHILOSOPHY AND GRAHAM SCHOOL

Additional Data

(1) TISHMAN SPEYER CROWN EQUIT

(1) PIMCO

Software ID: 19010655 Software Version: 2019v5.0

Name: University of Chicago

EIN: 36-2177139

Form 990,	Schedule L,	Part IV -	Busines	ss Transactions Inv	olving	Interested P	ersons

SEE PART V

SEE PART V

(a) Name of interested person	(b) Relationship	(c) Amount of	(d) Descri
	between interested	transaction	
	person and the		

organization

629,772 SEE PART V

1,477,706 SEE PART V

ption of transaction	
	٥

e)	Sharing
	of
gai	nization's
ev	enues?

n's Yes

_	ues?
	No

Nο

No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (d) Description of transaction (a) Name of interested person (b) Relationship (c) Amount of (e) Sharing between interested transaction person and the organization's organization revenues? Yes No (3) THE CARLYLE GROUP SEE PART V 354.753 | SEE PART V Nο (1) LAKE CAPITAL PARTNERS SEE PART V 145.719 | SEE PART V No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (d) Description of transaction (a) Name of interested person (b) Relationship (c) Amount of (e) Sharing between interested transaction person and the organization's organization revenues? Yes No (5) SHADI BARTSCH-ZIMMER SEE PART V 326.844 | SEE PART V Nο (1) TAMAR POLONSKY SEE PART V 315,106 | SEE PART V No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (d) Description of transaction (a) Name of interested person (b) Relationship (c) Amount of (e) Sharing between interested transaction person and the organization's organization revenues? Yes No (7) Wealth Strategist Partners SEE PART V 51.766 SEE PART V Nο (1) CareIT Health LLC dba NowPow SEE PART V 30,750 | SEE PART V No

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) Amount of transaction of transaction of organization's revenues?

82.252 | SEE PART V

No

or garnization.			
		Yes	No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

SEE PART V

(9) Ariela Lazar

DLN: 93493132043711 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** University of Chicago 36-2177139 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Χ NONE Art-Historical treasures Art—Fractional interests Χ 1,064,055 Opinions of experts 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 347 48,673,878 Cost 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (Software) 331,500 Cost 26 Other ▶ (______) 27 Other ▶ (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 17 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Page 2 Schedule M (Form 990) (2019) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation Schedule M, Part I, Line 33 PART I, THE UNIVERSITY OF CHICAGO DOES NOT RECORD GIFTS OF ART AS REVENUE AS PERMITTED UNDER SFAS LINE 33 116. Schedule M. Part I. Line 32b Third RELATED ORGANIZATIONS IN THE UK. FRANCE, SINGAPORE, HONG KONG AND INDIA SOLICIT CHARITABLE ICONTRIBUTIONS FOR THE BENEFIT OF THE UNIVERSITY AND ITS PROGRAMS. THE UNIVERSITY USES AN parties used to solicit, process, or sell noncash contributions OUTSIDE BROKER TO SELL GIFTS OF SECURITIES. Schedule M (Form 990) (2019)

efile GRAPH	C print - DO NOT PROCESS A	Filed Data -		DLN: 93493132043711
SCHEDUL (Form 990 or EZ)	Complete to provide Form 990 or 99	mental Information to Form 990 or 990-EZ e to provide information for responses to specific questions on m 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.qov/Form990 for the latest information.		OMB No. 1545-0047 2019 Open to Public Inspection
ฟลกทย Betharofgr Jniversity of Chicag 990 Schedule			36-21771	r identification number 39
Return Reference		Explanation		
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 617,431,338 including grar mission of instruction and research are: Maintenance of Plant		, ,	

Return Explanation
Reference

Form 990,	AS OF JUNE 30, 2019 THE AGGREGATE FAIR MARKET VALUE OF ASSETS NOT USED DIRECTLY IN CARRYING OUT THE
Part V, Line	UNIVERSITY OF CHICAGO'S EXEMPT PURPOSE IS LESS \$500,000 PER STUDENT. AS SUCH, THE UNIVERSITY HAS
16 PART V,	DETERMINED IT IS NOT SUBJECT TO AN EXCISE TAX ON NET INVESTMENT INCOME.
LINE 16	

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Craig J. Duchossois and Ashley D. Joyce, both Trustees of the University - Family relationship, Craig J. Duchossois and Ashley D. Joyce, both Trustees of the University - Business relationship, Craig J. Duchossois and Mary tolan, both Trustees of the University - Business relationship, Kenneth C. Griffin and Brady Dougan, both Trustees of the University - Business relationship, Joseph Neubauer and Byron D. Trott, both Trustees of the University - Business relationship, Thomas J. Pritzker and Byron D. Trott, both Trustees of the University - Business relationship, Business relationship, Rachel D. Kohler and Byron D. Trott, both Trustees of the University - Business relationship, Rika Mansueto and Byron D. Trott, both Trustees of the University - Business relationship, Roman Andrew M. Alper, both Trustees of the University - Business relationship

FORM 990T FOR FILING WITH THE IRS.

Return

Reference	
Form 990,	PRIOR TO FILING THE FORM 990, MEMBERS OF THE EXECUTIVE COMMITTEE OF THE UNIVERSITY'S BOARD OF
Part VI, Line	TRUSTEES WERE GIVEN AN OPPORTUNITY TO REVIEW PORTIONS OF THE FORM 990 RELEVANT TO THE THEIR
11b Review	AREAS OF OVERSIGHT. THESE PORTIONS OF THE FORM 990 WERE DISTRIBUTED TO COMMITTEE MEMBERS FOR
of form 990	CONVENED MEETINGS IN FEBRUARY 2021, AT WHICH TRUSTEES OF THESE COMMITTEES WERE GIVEN THE
by governing	OPPORTUNITY TO DISCUSS THE RELEVANT SECTIONS OF THE FORM 990 AND ASK QUESTIONS. IN ADDITION, IN
body	EARLY APRIL 2021, THE COMPLETED DRAFT FORM 990 (AND FORM 990-T), INCLUDING ALL SCHEDULES, WAS POSTED
	ON A SECURE WEBSITE ACCESSIBLE TO ALL TRUSTEES TO ALLOW THEM TO REVIEW THE FORM, PROVIDE
	COMMENTS, AND ASK ANY QUESTIONS. INFORMATION ABOUT ACCESSING THE WEBSITE WAS DISTRIBUTED IN
	ADVANCE TO ALL TRUSTEES. THE DRAFT FORM REMAINED AVAILABLE ON THE WEBSITE FOR APPROXIMATELY TWO

Explanation

WEEKS, AFTER WHICH ONLINE ACCESS ENDED TO ALLOW THE UNIVERSITY TIME TO FINALIZE THE FORM 990 AND

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	CONFLICT OF INTEREST POLICIES ALL TRUSTEES, OFFICERS, FACULTY, SENIOR ADMINISTRATORS, AND OTHER EMPLOYEES OF THE UNIVERSITY ARE SUBJECT TO CONFLICT OF INTEREST POLICIES THAT, AMONG OTHER THINGS, DEFINE MATERIAL FINANCIAL CONFLICTS OF INTEREST, IDENTIFY THE CLASSES OF IN DIVIDUALS COVERED BY THE POLICIES, FACILITATE DISCLOSURE OF INFORMATION, AND SPECIFY PROCE DURES TO BE FOLLOWED IN MANAGING THE CONFLICTS. THESE CONFLICT OF INTEREST POLICIES AND PR OCEDURES INCLUDE: (1) THE UNIVERSITY OF CHICAGO CONFLICT OF INTEREST POLICY FOR TRUSTEES AND OFFICERS REQUIRES TRUSTEES AND OFFICERS TO ALERT THE CHAIR OF THE BOARD, THE COMMITTEE ON TRUSTEESHIP AND GOVERNANCE, OR THE UNIVERSITY'S VICE PRESIDENT AND GENERAL COUNSEL OF A NY POTENTIAL CONFLICT OF INTEREST, AND ABSTAIN FROM PARTICIPATING IN OR VOTING ON THE MATT ER. THE POLICY ALSO REQUIRES TRUSTEES AND OFFICERS TO DISCLOSE ON AN ANNUAL BASIS, ACTUAL AND POTENTIAL CONFLICTS OF INTEREST BY COMPLETING A CONFLICT OF INTEREST DISCLOSURE STATEM ENT. ALL CONFLICT OF INTEREST DISCLOSURES AND RELATED DISCUSSIONS ARE SHARED WITH THE CHAIR OF THE BOARD, THE COMMITTEE ON TRUSTEESHIP AND GOVERNANCE, AND THE UNIVERSITY'S PRESIDENT , ITS GENERAL COUNSEL, AND ITS EXTERNAL AUDITORS. THE UNIVERSITY'S VICE PRESIDENT AND GEN ERAL COUNSEL, IN CONSULTATION WITH THE COMMITTEE ON TRUSTEESHIP AND GOVERNANCE AND SENIOR UNIVERSITY ADMINISTRATORS, COMPILES THE DISCLOSURES INTO A CONFIDENTIAL DATABASE. THE CHAIR OF THE BOARD ALSO REVIEWS ALL DISCLOSURE POTENTIAL CONFLICTS OF INTEREST BEFORE MAKING BO ARD COMMITTEE ASSIGNMENTS. (2) THE UNIVERSITY'S POLICY ON SERVICE TO OUTSIDE ORGANIZATIONS BY SENIOR ADMINISTRATORS REQUIRES OFFICER AND SENIOR ADMINISTRATORS TO DISCLOSE ALL OFFICE POSTIONS THEY HOLD OR INTERED TO HOLD IN OUTSIDE ORGANIZATIONS, IN WHICH THEY HAVE A FINANCIAL INTEREST OR FROM WHICH THEY RECEIVE COMPENSATION. THE UNIVERSITY'S OFFICE OF LEGAL COUNSEL MONITORS SUCH PO TENTIAL CONFLICTS BY CIRCUMSTANCES OF THE INMEDIATE SUPERVISOR. THIS INFORMATION MAY BE SHARED WITH THE UNIVERSITY'S TRUS

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE DEPUTY PROVOST FOR RESEARCH AS ITS CHAIR. THE PROVOST REPORTS PERIODICALLY TO THE STAN DING COMMITTEE ON THE STATUS OF FACULTY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY; THE REPORT INCLUDES HOW RISKS HAVE BEEN ADDRESSED THROUGH MANAGEMENT PLANS OR OTHER PRACTIC ES INTENDED TO PROVIDE FOR THE REDUCTION, ELIMINATION OR MANAGEMENT OF FINANCIAL CONFLICTS OF INTERESTS. THE VICE PROVOST SEEKS ASSESSMENTS OF THE RISKS AND RECOMMENDATIONS FOR RES PONSIBLE MANAGEMENT FROM DEPARTMENT CHAIRS AND DEANS AND OTHERS SUCH AS THE DIRECTOR OF UN IVERSITY RESEARCH ADMINISTRATION AND THE OFFICE OF LEGAL COUNSEL. (4) THE UNIVERSITY'S CON FLICT OF INTEREST POLICY REQUIRES ALL NON-ACADEMIC EMPLOYEES TO AVOID INVOLVEMENT IN ACTIV ITIES WHICH MIGHT CONFLICT, OR MIGHT APPEAR TO CONFLICT, WITH THEIR INSTITUTIONAL RESPONSI BILITIES, INCLUDING, BUT NOT LIMITED TO BUSINESS OR FINANCIAL INTERESTS, TRANSACTIONS INVOLVEMENT IN ACTIV ITIES WHICH MIGHT CONFLICT, OR KNOWLEDGE GAINED AS A RESULT OF THE EMPLOYEE'S RELATIONSHIP WITH THE UNIVERSITY, THE USE OF UNIVERSITY RESOURCES FOR PERSONAL BENEFIT O R THE BENEFIT OF OTHERS, THE ACCEPTANCE OF GIFTS OF MORE THAN NOMINAL VALUE, AND NEPOTISM. CONFLICT OF INTEREST POLICY REQUIRES STAFF TO PROVIDE FULL DISCLOSURE OF ANY INTEREST THA T MIGHT INFLUENCE, OR APPEAR TO HAVE THE CAPACITY TO INFLUENCE, THE STAFF MEMBER'S OFFICIAL DECISIONS OR ACTIONS ON UNIVERSITY MATTERS. THE DISCLOSURES ARE TO BE IN WRITING, TENDER ED TO THE EMPLOYEE'S IMMEDIATE SUPERVISOR, DEPARTMENT HEAD, OR THE APPROPRIATE VICE PRESID ENT OF THE UNIVERSITY. (5) THE UNIVERSITY'S POLICY ON BUSINESS CONDUCT AT THE UNIVERSITY OF CHICAGO REQUIRES ALL UNIVERSITY RESOURCES ONLY FOR LEGITIMATE UNIVERSITY BUSINESS; AND REPORT POSSIBLE VIOLATIONS OF THE POLICY, OTHER UNIVERSITY POLICIES, OR APPLICABLE LA W. MEMBERS OF THE UNIVERSITY COMMUNICTY ARE ENCOURAGED TO REPORT COMPLIANCE CONCERNS THROUGH H NORMAL LINES OF COMMUNICATION INCLUDING DISCUSSIONS WITH SUPERVISORS OR ADVISORS AND, IF NECESSARY, THROUGH THE TOLL-FREE HOTLINE.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	DURING THE TAX YEAR, THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONDUCTED ITS ANNUAL REVIEW OF COMPENSATION FOR THE UNIVERSITY'S PRESIDENT AND ALL OTHER UNIVERSITY OFFICERS, BASED ON A RECOMMENDATION FROM THE CHAIRMAN OF THE BOARD OF TRUSTEES IN THE CASE OF THE PRESIDENT'S COMPENSATION, AND RECOMMENDATIONS FROM THE PRESIDENT IN THE CASE OF OFFICER COMPENSATION. THE EXECUTIVE COMMITTEE REVIEWED THESE RECOMMENDATIONS, INCLUDING A REVIEW OF COMPARABILITY DATA PROVIDED BY EXTERNAL CONSULTANTS, AND MADE FINAL DECISIONS REGARDING COMPENSATION. ALL DECISIONS OF THE EXECUTIVE COMMITTEE ARE DOCUMENTED IN MINUTES MAINTAINED BY THE UNIVERSITY.
J	

Return Reference Torm 990. THE UNIVERSITY'S ARTICLES OF INCORPORATION AND BYLAWS, CONFLICT OF INTEREST POLICIES, AND MOST

Form 990,
Part VI, Line
19 Required documents available to the public

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous	Other revenue - Total Revenue: 8896365, Related or Exempt Function Revenue: 8896365, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;
Revenue	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132043711 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** University of Chicago 36-2177139 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I See Additional Data Table (b) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. See Additional Data Table (a)
Name, address, and EIN of related organization (b) (g) Legal domicile (state Exempt Code section Direct controlling Section 512(b) Primary activity Public charity status or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

one or more related organizations tr	eated as a partnership du	iring the ta			, a meador r	41101101		01111011	555,		,		400 10 1																																											
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	controlling income unre exclud tax is section	(e) Predominal income(relate unrelated excluded fro tax under sections 51	ed, total in om	e of	(g) Share of end-of-year assets	allocations? am		(h) Disproprtionate allocations?		(i) Code V-UBl amount in bo 20 of Schedule K- (Form 1065	Gene x man part		(k) ercentage wnership																																								
					314)				Yes	No		Yes	No																																											
Part IV Identification of Related Organiz because it had one or more related or							answ	ered "Ye	s" on F	orm 9	90, Part I	V, line	34																																											
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Lega domic (state or	al cile foreign	(d) Direct contro entity	olling Type (C corp	(e) of entity o, S corp, trust)	Share	(f) e of total come	(g) Share of end-of- year assets		Share of end-of year		Share of end- year		Share of e year		Share of end-o		Share of end-o		Share of end-o		Share of end-of- year		Share of end-o		Share of year		otal Share		Share of end year		Share of end-o		Share of end-o		Share of end-o		Share of end-of- year		Share of end-of- year		Share of end-of- year		of- Percenta ownersh		(13) e	(i) on 512(b) controlled entity?								
(1)UCHICAGO (BEIJING) CONSULTING COMPANY LTD CHINA	CONSULTING	country)				UNIVERSITY C CHICAGO)F						100) %	Yes	No No																																								
(2)UCHICAGO CENTER IN INDIA PRIVATE LIMITED	CONSULTING			IN		UNIVERSITY C CHICAGO	DF						51	%		No																																								
(3)SC CURRICULUM INC	SCIENCE CURRICULUM	IL		UNIVERSITY C)F						100) %		No																																										

							_		<u> </u>	<u> </u>		_		
Part IV Identification of Related Organization because it had one or more related or						ation ar	nswered "Ye	es" on F	orm 9	990, P	art IV, li	ne 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or for country	reign	(d) Direct controlling entity	(e) Type of end (C corp, S coor trust)	orp,	(f) hare of total income		(g) re of end-of- year assets		of- (h) Percentage ownership		(i) ection .3) cor enti) 512(b) ntrolled ty? No
(1)UCHICAGO (BEIJING) CONSULTING COMPANY LTD CHINA	CONSULTING	CH	,	UNIVERSITY OF CHICAGO							100 %		res	No
(2)UCHICAGO CENTER IN INDIA PRIVATE LIMITED	CONSULTING	IN		UNIVERSITY OF CHICAGO							51 %			No
(3)SC CURRICULUM INC 70 WEST MADISON ST CHICAGO, IL 60603	SCIENCE CURRICULUM	IL		UNIVERSITY OF CHICAGO							100 %			No
(4)CHARITABLE REMAINDER TRUSTS (76) 5801 S ELLIS AVENUE CHICAGO, IL 60637	CHARITABLE RMDR TRUST	IL		UNIVERSITY OF CHICAGO							94 %			No
(5)CHARITABLE LEAD TRUST (1) 5801 S ELLIS AVENUE CHICAGO, IL 60637	CHARITABLE LEAD TRUST	IL		UNIVERSITY OF CHICAGO							100 %			No
(6)POOLED INCOME FUND (1) 5801 S ELLIS AVENUE CHICAGO, IL 60637	POOLED INCOME FUND	IL		UNIVERSITY OF CHICAGO							100 %			No
(7)PHOENIX OVERLAY FUND LTD 401 N MICHIGAN AVENUE CHICAGO, IL 60611	INVESTING	CJ		UNIVERSITY OF CHICAGO							100 %			No
				l						Sched	lule R (F	orm 99	0) 20	019

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes				
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes				
c Gift, grant, or capital contribution from related organization(s)	1c	Yes				
d Loans or loan guarantees to or for related organization(s)	1d		No			
e Loans or loan guarantees by related organization(s)	1e		No			
f Dividends from related organization(s)	1 f		No			
g Sale of assets to related organization(s)	1 g		No			
h Purchase of assets from related organization(s)	1h		No			
i Exchange of assets with related organization(s)	1 i		No			
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		No			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No			
I Performance of services or membership or fundraising solicitations for related organization(s)						
m Performance of services or membership or fundraising solicitations by related organization(s)						
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes				
a. Sharing of paid ampleyage with related examination(s)	10	Yes				

n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	\perp
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	_
r	Other transfer of cash or property to related organization(s)	1r	Yes	_
s	Other transfer of cash or property from related organization(s)	1s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
See	Additional Data Table			
	(a) (b) (c) (d)			

Page **3**

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant income	1	(e) re all partners section	(f) Share of total	(g) Share of end-of-year	(h) Disproprtions allocations	ate ?	(i) Code V-UBI amount in box	(j) General managir	or	(k) Percentag ownershi
		(state or foreign country)	(related, unrelated, excluded from tax under sections 512- 514)	0	501(c)(3) rganizations?	income	assets	unocations		20 of Schedule K-1 (Form 1065)	partner	?	
			514)	Yes	No		-	Yes	No		Yes	No	
					l				1	Schodule	e R (Forn	n 00	0) 2010

Return Reference	Explanation
Schedule R. Part I IDENTIFICATION OF	THEORY & COMPUTING SCIENCES BUILDING TRUST - THE UNIVERSITY IS THE 100% BENEFICIARY OF THE TRUST, BUT DOES NOT CONTROL THE TRUST. AS

SUCH, THE INCOME AND ASSETS OF THE TRUST ARE NOT SHOWN ON THE UNIVERSITY'S AUDITED FINANCIAL STATEMENTS WHICH ARE THE BASIS FOR THE 990 DISREGRDED ENTITIES PART VIII, LINE 12 AND PART X, LINE 16. THE END OF THE YEAR ASSET BALANCE IS \$165.970.005 AND THE INCOME FOR THE PERIOD ENDING DECEMBER 31. 2019 IS \$11,664,837. UCHICAGO ARGONNE LLC, A DISREGARDED ENTITY OF THE UNIVERSITY OF CHICAGO, MANAGES ARGONNE NATIONAL LABORATORY. UCHICAGO ARGONNE LLC EARNED A MANAGEMENT FEE OF \$5,470,837 FOR THE TAX YEAR. THE TOTAL EXPENDITURES AT ARGONNE NATIONAL LABORATORY WERE APPROXIMATELY \$ 823 MILLION FOR THE TAX YEAR. THE FUNDING AND THE EXPENDITURES OF ARGONNE HAVE BEEN INCLUDED IN PARTS III. VIII. AND IX OF THE FORM 990. FOR PURPOSES OF COMPLETENESS, PLEASE NOTE THE FOLLOWING: THE ENTITIES LISTED BELOW ARE DISREGARDED ENTITIES OF THE UNIVERSITY OF CHICAGO MEDICAL CENTER: UCMC COMMUNITY PHYSICIANS LLC, 5841 S. MARYLAND AVE., CHICAGO, IL 60637 EIN: 38-3865637 PRIMARY ACTIVITY: PHYSICIAN SERVICES LEGAL DOMICILE: ILLINOIS UNIVERSITY OF CHICAGO MEDICINE CARE NETWORK LLC. 5841 S. MARYLAND AVE., CHICAGO, IL |60637 EIN: 47-4222269 PRIMARY ACTIVITY: HEALTHCARE LEGAL DOMICILE: ILLINOIS UCM GLOBAL LLC, 5841 S. MARYLAND AVE., CHICAGO, IL 60637 EIN: 32-0579811 PRIMARY ACTIVITY: INTERNATIONAL MEDICAL CONSULTING LEGAL DOMICILE: ILLINOIS ALSO NOTE: THE UNIVERSITY OF CHICAGO MEDICAL CENTER IS A LESS THAN 50% MEMBER IN A JOINT VENTURE WITH UCMC/SCH ONCOLOGY JV LLC. A TAX EXEMPT ENTITY, 1850 SILVER CROSS BLVD. NEW LENOX. IL 60451, EIN: 32-2436795 AND THE UNIVERSITY OF CHICAGO MEDICINE CARE NETWORK, LLC, A DISREGARDED ENTITY OF THE UNIVERSITY OF CHICAGO MEDICAL CENTER, IS THE SOLE MEMBER OF THE FOLLOWING RELATED ENTITIES: UCM CARE NETWORK MEDICAL GROUP INC. 5841 S. MARYLAND AVE., CHICAGO. IL 60637 EIN: 47-4221241 PRIMARY ACTIVITY: HEALTHCARE LEGAL DOMICILE: ILLINOIS UNIVERSITY OF CHICAGO MEDICINE CARE NETWORK AFFILIATED PHYSICIANS LLC, 5841 S. MARYLAND, CHICAGO, IL 60637, EIN: 47-4233918 PRIMARY ACTIVITY: HEALTHCARE LEGAL DOMICILE: ILLINOIS THE FOLLOWING ENTITY IS A DISREGARDED ENTITY OF UCHICAGO RESEARCH INTERNATIONAL, A RELATED ENTITY: UCHICAGO RESEARCH BANGLADESH LLC, 5801

ls. ellis avenue, chicago, il 60637 primary activity: support research legal domicile: illinois

Provide additional information for responses to questions on Schedule R. (see instructions).

Additional Data

UCHICAGO ARGONNE LLC

UNIV OF CHICAGO FOUNDATION LTD

THEORY AND COMPUTING SCIENCES

5801 S ELLIS AVENUE CHICAGO, IL 60637 68-0628477

5801 S ELLIS AVENUE CHICAGO, IL 60637 51-6596577 UCHICAGO TRADING

5801 S ELLIS AVENUE CHICAGO, IL 60637 30-0517735

5801 S ELLIS AVENUE CHICAGO, IL 60637

UCHICAGO IMPACT LLC

1307 E 60TH STREET CHICAGO, IL 60637 61-1682394 HARPER COURT LLC

5801 S ELLIS AVENUE CHICAGO, IL 60637 LPA MANAGEMENT LLC

5801 S ELLIS AVENUE CHICAGO, IL 60637

5801 S Ellis Avenue

5801 South Ellis Avenue

Chicago, IL 60637

Chicago, IL 60637

6014 Cottage Grove LPA Holdings LLC

Center for Research in Securities Prices LLC

MAROON INVESTMENTS LLC

98-0525557

Software ID: 19010655

Software Version: 2019v5.0 **EIN:** 36-2177139

Name: University of Chicago

MANAGE LAB

FUNDRAISING

INVESTING

EDUCATION

RESEARCH BUILDING

HOLDING COMPANY

HOLDING COMPANY

Property Holding

Company

Data

PROPERTY MANAGEMENT

Securities Research and

(c)

Legal Domicile

(State

or Foreign Country)

TI

ΙL

CJ

ΙL

ΤI

ΙL

ΙL

ΙL

ΙL

(d)

Total income

823,251,392

4,900,807

11,664,837

12,822,612

6,152,597

4,000,625

145,535

708,344

43,825,573

0

(e)

End-of-year assets

(f)

Direct Controlling

Entity

0 UNIV OF CHICAGO

123,642 UNIV OF CHICAGO

165,970,005 UNIV OF CHICAGO

6,884,948 UNIV OF CHICAGO

5,518,901 UNIV OF CHICAGO

934,615 UNIV OF CHICAGO

601,406 UNIV OF CHICAGO

30,703,890 UNIV OF CHICAGO

0 UNIV OF CHICAGO

0 UNIV OF CHICAGO

Form 990, Schedule R, Part I - Identification of Disregarded E	Intities

Tomi 550, Concusto II, Fair E Lacitation of Biologalada	I
(a)	(b)
Name, address, and EIN (if applicable) of disregarded entity	Primary Activity

Form 990, Schedule R, Part II - Identification of Related			1 75	1 (3	1 70	1 .	-1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)	(f) Direct controlling entity	Sectio (b)(contr	n 512 (13)
		or foreign country)		(3))		enti Yes	
	HEALTHCARE	IL	501(c)(3)	10	UNIV OF CHICAGO	Yes	110
180 W WASHINGTON ST SUITE 1000 CHICAGO, IL 60602 31-1607193	ACCESSIBILITY						
	TECH TRANSFER	IL	501(c)(3)	Type I	UNIV OF CHICAGO	Yes	
5555 S WOODLAWN AVENUE CHICAGO, IL 60637 36-3485244							
	POLICY RESEARCH CENTER	IL	501(c)(3)	7	N/A		No
1313 E 60TH STREET CHICAGO, IL 60637 36-2167012							
	SUPP RESEARCH	IL	501(c)(3)	Type I	UNIV OF CHICAGO	Yes	
5801 S ELLIS AVENUE CHICAGO, IL 60637 36-2169138							
	SUPP RESEARCH	IL	501(c)(3)	Type I	UNIV OF CHICAGO	Yes	
5801 S ELLIS AVENUE CHICAGO, IL 60637 23-7136019							
	SUPP THE ARTS	IL	501(c)(3)	Type I	UNIV OF CHICAGO	Yes	
5535 S ELLIS AVENUE CHICAGO, IL 60637 36-3203660							
	MANAGE LAB	IL	501(c)(3)	7	N/A		No
PO BOX 500 BATAVIA, IL 60510 57-1239010							
	SUPP EDUCATION RESEARCH	VA	501(c)(3)	Type III-O	N/A		No
33 N LASALLE ST SUITE 2131 CHICAGO, IL 60602 46-6789522							
40-0703322	PROPERTY HOLDING	IL	501(c)(2)		UNIV OF CHICAGO	Yes	
5801 S ELLIS AVENUE CHICAGO, IL 60637 36-6111317							
30 0111317	SO SCI SURVEYS	IL	501(c)(3)	7	N/A	Yes	
55 E MONROE AVENUE CHICAGO, IL 60603 36-2167808							
30 210/000	SUPPORT THE LIBRARY	IL	501(c)(3)	Type III-O	N/A		No
5730 S ELLIS AVENUE CHICAGO, IL 60637 36-3155157							
	RESEARCH AND EDUCATION	MA	501(c)(3)	7	UNIV OF CHICAGO	Yes	
7 MBL STREET WOODS HOLE, MA 02543 04-2104690							
	SOCIAL CLUB	IL	501(c)(7)		UNIV OF CHICAGO	Yes	
5801 S ELLIS AVENUE CHICAGO, IL 60637 36-1655190							
	RESEARCH	BG			UCHGO RSCH INTL	Yes	
	RESEARCH	IL	501(c)(3)	Type I	UNIV OF CHICAGO	Yes	
5801 S ELLIS AVENUE							
CHICAGO, IL 60637 26-2741573					110170 / 27 2007		
	EDUCATION	UK			UNIV OF CHICAGO	Yes	
	EDUCATION	SN			UNIV OF CHICAGO	Yes	
	FUNDRAISING	НК			UNIV OF CHICAGO	Yes	
	EDUCATION	IL	501(c)(3)	2	UNIV OF CHICAGO	Yes	
5801 S ELLIS AVENUE CHICAGO, IL 60637					3.1.3.1.3.	. 33	
36-4225812	SUPP RESEARCH	IL	501(c)(3)	Type I	UNIV OF CHICAGO	Yes	_
5801 S ELLIS AVENUE				76.5			
CHICAGO, IL 60637 36-6056201							

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (d) (g) (c) (e) (f) Name, address, and EIN of related organization Primary activity Direct controlling Legal domicile Exempt Code Public charity Section 512 section status (b)(13)(state entity or foreign country) (if section 501(c) controlled (3)) entity? No Yes EDUCATION FR UNIV OF CHICAGO Yes SOCIAL CLUB ΙL UNIV OF CHICAGO Yes 1212 E 59TH STREET CHICAGO, IL 60637 UNIV OF CHICAGO Yes UNIV OF CHICAGO Yes

ΙL

IN

ΙL

501(c)(3)

501(c)(3)

Type I

Type II

UNIV OF CHICAGO

UNIV OF CHICAGO

UNIV OF CHICAGO

UNIV OF CHICAGO

MEDICAL CENTER

Yes

Yes

Yes

Yes

·				
	HOSPITAL	IL	501(c)(3)	3
5841 S MARYLAND AVENUE CHICAGO, IL 60637 36-3488183				
	PROPERTY HOLDING	IL	501(c)(2)	
5801 S ELLIS AVENUE CHICAGO, IL 60637 36-6108743				
	MEDICAL TRUST	IL	501(c)(3)	Type I

MALPRACTICE TRUST

FUNDRAISING

PROMOTE HEALTHY

HEALTHCARE SERVICES

COMMUNITIES &

5801 S ELLIS AVENUE CHICAGO, IL 60637 36-3999692

5801 S ELLIS AVENUE CHICAGO, IL 60637 36-3020034

IN

L-9 east wing raheja towers mg road BANGALORE, karnataka 560001

208 SOUTH LASALLE STREET

CHICAGO, IL 60604 36-3181170

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (d) (e) (f) (g) (h) (i) (a) (c) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 (b)(13)related organization domicile entity (C corp, S corp, income ownership vear (state or foreign or trust) assets controlled country) entity? Yes No UCHICAGO (BEIJING) CONSULTING COMPANY CONSULTING СН UNIVERSITY OF 100 % No LTD CHINA CHICAGO UCHICAGO CENTER IN INDIA PRIVATE CONSULTING IN UNIVERSITY OF 51 % Nο LIMITED CHICAGO SC CURRICULUM INC. SCIENCE CURRICULUM ΙL UNIVERSITY OF 100 % Nο 70 WEST MADISON ST CHICAGO CHARITABLE RMDR ΙL UNIVERSITY OF 94 % No ltrust CHICAGO CHARITABLE LEAD ΙL UNIVERSITY OF 100 % Nο 5801 S ELLIS AVENUE TRUST CHICAGO

UNIVERSITY OF

UNIVERSITY OF

CHICAGO

CHICAGO

100 %

100 %

Nο

Nο

CHICAGO, IL 60603
CHARITABLE REMAINDER TRUSTS (76) 5801 S ELLIS AVENUE CHICAGO, IL 60637
CHARITABLE LEAD TRUST (1)

POOLED INCOME FUND

INVESTING

ΙL

CJ

CHICAGO, IL 60637

5801 S ELLIS AVENUE

CHICAGO, IL 60637

POOLED INCOME FUND (1)

PHOENIX OVERLAY FUND LTD

401 N MICHIGAN AVENUE CHICAGO, IL 60611

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved type(a-s) Method of determining amount involved UNIVERSITY OF CHICAGO MEDICAL CENTER Α 108,588 CASH VALUE UNIVERSITY OF CHICAGO MEDICAL CENTER C 71,750,000 CASH VALUE UNIVERSITY OF CHICAGO MEDICAL CENTER Ν 16,701,683 CASH VALUE UNIVERSITY OF CHICAGO MEDICAL CENTER 0 82,792,822 **CASH VALUE** Ρ UNIVERSITY OF CHICAGO MEDICAL CENTER 458,595,025 CASH VALUE UNIVERSITY OF CHICAGO MEDICAL CENTER Q 342,663,912 **CASH VALUE** UNIVERSITY OF CHICAGO MEDICAL CENTER S 33,146,399 CASH VALUE 0 CASH VALUE UNIVERSITY OF CHICAGO PROPERTY HOLDING CORPORATION 4,366 S UNIVERSITY OF CHICAGO PROPERTY HOLDING CORPORATION 614,570 CASH VALUE LAKE PARK ASSOCIATES CASH VALUE Α 60,147 LAKE PARK ASSOCIATES В 5,353,628 CASH VALUE LAKE PARK ASSOCIATES Q **CASH VALUE** 1,532,360 LAKE PARK ASSOCIATES S **CASH VALUE** 234,999 В UNIVERSITY OF CHICAGO CHARTER SCHOOL CORPORATION 2,364,010 CASH VALUE UNIVERSITY OF CHICAGO CANCER RESEARCH FOUNDATION С 3,168,370 CASH VALUE UNIVERSITY OF CHICAGO CANCER RESEARCH FOUNDATION 0 CASH VALUE 369,470 Ρ UNIVERSITY OF CHICAGO CANCER RESEARCH FOUNDATION 372,957 CASH VALUE UNIVERSITY OF CHICAGO SELF INSURANCE TRUST R 12,252,795 CASH VALUE UNIVERSITY OF CHICAGO RETIREE MEDICAL TRUST R 1,182,451 CASH VALUE NATIONAL OPINION RESEARCH CENTER Α 960,780 CASH VALUE THE QUADRANGLE CLUB Ρ 548,790 **CASH VALUE** FERMI RESEARCH ALLIANCE LLC S 1,183,023 **CASH VALUE** R UNIVERSITY OF CHICAGO CENTER IN PARIS 1.972.667 CASH VALUE

Ν

0

1,134,495

3,082,551

CASH VALUE

CASH VALUE

UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD UK

UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD UK

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Amount Involved (d) Transaction Method of determining amount involved type(a-s) UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD UK Q 642,918 CASH VALUE UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD UK R CASH VALUE 2,031,003 UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD UK S 18,533,071 CASH VALUE CASH VALUE UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD SINGAPORE Q 19,987 UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD SINGAPORE R 683.851 CASH VALUE UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD SINGAPORE S 470,273 CASH VALUE UCHICAGO RESEARCH INTERNATIONAL LIMITED R 1,697,062 CASH VALUE UCHICAGO RESEARCH BANGLADESH LLC Ρ CASH VALUE 728,000 THE UNIVERSITY OF CHICAGO FOUNDATION IN HONG KONG LTD 0 2,934,706 CASH VALUE CASH VALUE THE UNIVERSITY OF CHICAGO FOUNDATION IN HONG KONG LTD Q 3,123,985 THE UNIVERSITY OF CHICAGO FOUNDATION IN HONG KONG LTD CASH VALUE R 4,409,151 JOHN CRERAR FOUNDATION С 30,000 CASH VALUE UCHICAGO CENTER IN INDIA PRIVATE LIMITED Ρ 34,058 CASH VALUE

R

С

R

R

Q

С

3,622,045

929,080

512,417

12.838.392

462,276

736,304

CASH VALUE

CASH VALUE

CASH VALUE

CASH VALUE

CASH VALUE

CASH VALUE

UCHICAGO CENTER IN INDIA PRIVATE LIMITED

HYMEN MILGROM SUPPORTING ORGANIZATION

CHAPIN HALL CENTER FOR CHILDREN

ASIAN HEALTH COALITION

THE MARINE BIOLOGICAL LABORATORY

CHICAGO HOME FOR THE INCURABLES